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| Case Number: | CM13-0063344 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 06/21/2003 |
| Decision Date: | 04/11/2014 | UR Denial Date: | 11/19/2013 |
| Priority: | Standard | Application Received: | 12/09/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant has filed a claim for chronic low back pain associated with an industrial injury of June 21, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; long and short acting opioids; adjuvant medications; psychotropic medications; prior lumbar fusion surgery; a spinal cord stimulator; unspecified amounts of physical therapy; a cane; and extensive periods of time off of work. In a December 4, 2013 progress note, the attending provider notes that the applicant states that ongoing usage of Duragesic and Norco has resulted in a drop in pain scores from 9/10 to 4/10 which, in turn, facilitates the applicant's ability to perform activities of daily living including caring for his wife and grandchildren. The applicant states that he will be unable to care for and interact with his family members without usage of the medications in question. The applicant is described as using a cane to move about. He is asked to continue Lexapro, Norco, and Duragesic. He is presently using 50 mcg of Duragesic and five Norco 10/325 mg tablets daily. The applicant further notes that the combination of medications result in a heightened ability to walk more, clean, and do other activities of daily living. The applicant does also continue his spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

DURAGESIC PATCHES 50MCG/HR #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Continue, Opioid Dosing Calculator Page(s): 80-81, 87.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of the same. In this case, the applicant seemingly meets two of the three criteria for continuation of opioid therapy. Specifically, he does report appropriate drop in pain scores from 9/10 to 4/10 as a result of ongoing Duragesic usage. He also reports heightened ability to perform non-work activities of daily living including cleaning, household chores, and caring for and interacting with family members as a result of ongoing Duragesic usage. Finally, the applicant's overall dosage of opioids, including five tablets of Norco 10/325 and 50 mcg of Duragesic, results in an overall morphine equivalent dose of 170 mg daily, which is at the upper end of the 120 to 180 mg range suggested on page 87 of the MTUS Chronic Pain Medical Treatment Guidelines. Continuing Duragesic, on balance, is therefore indicated. The request is certified, on Independent Medical Review.