

Case Number:	CM13-0067197		
Date Assigned:	07/02/2014	Date of Injury:	01/18/2011
Decision Date:	08/11/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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 New York and North Carolina. 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 injured worker is a 67 year old man injured 1/18/11 with groin and abdominal pain. He was pushing a 300 pound inmate at that time and felt a pull in his testicle. He is s/p bilateral laproscopic hernia repair 6/20/11. Later, on 7/2, when he twisted, he felt a popping sensation in the right groin and has had chronic pain. He has no evidence of recurrent hernia. He has been treated with nerve blocks, medications, including MS Contin and Dilaudid, without relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURAGESIC PATCH 75MCG/HR, #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic, and Fentanyl, Opioids, Criteria for use Opioids Dosing Page(s): 44 page 47; page 80; page 86;.

Decision rationale: "Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means." This patient has been on narcotics since at least 10/31/2011, when his medication list included Hydrocodone, Vicodin, and Norco. Opioids should be continued if the patient returns to work or

has improved functioning and pain. This does not appear to have been documented with this gentleman at the time of the request. The maximum suggested morphine equivalent dose of a narcotic is 120 mg/day. The current requested Duragesic is 180 MED (morphine equivalent doses) per day. Based on the high dose and the lack of functional benefit of narcotics to date, the request for Duragesic patch 75mcg/hr, #10 is not medically necessary.