

Case Number:	CM13-0068011		
Date Assigned:	02/12/2014	Date of Injury:	07/10/1996
Decision Date:	05/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/18/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 70-year-old female who reported an injury on 07/10/1996. The mechanism of injury was not provided. Current diagnoses include lumbar postlaminectomy syndrome and lumbar radiculopathy. The injured worker was evaluated on 11/06/2013. The injured worker reported persistent lower back pain with poor sleep quality and activity limitation. Current medications included Duragesic 25 mcg per hour patch. Physical examination revealed limited lumbar range of motion, positive facet loading maneuver bilaterally, positive straight leg raising bilaterally, positive Faber testing, weakness, and decreased sensation over the lateral foot and lateral calf. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURAGESIC 50MCG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44,74-82.

Decision rationale: The California MTUS Guidelines state Duragesic is not recommended as a first-line therapy. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur with opioid therapy. As per the documentation submitted, the injured worker has utilized Duragesic 50 mcg/hour since 01/2013. The injured worker continues to report persistent lower back pain with poor sleep quality and activity limitation. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. As such, the request is not medically necessary nor appropriate.