

Case Number:	CM13-0069735		
Date Assigned:	01/03/2014	Date of Injury:	01/31/2008
Decision Date:	05/29/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/23/2013

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 & Rehabilitation and is licensed to practice in Texas. 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 55-year-old female who reported an injury on 01/31/2008 after a fall down a flight of stairs. The injured worker reportedly sustained an injury to the bilateral shoulders, bilateral hands, low back, and bilateral lower extremities. The patient ultimately underwent fusion surgery from the L2 to the L3. The injured worker was evaluated on 12/03/2013. It was documented that she had persistent and chronic pain that was responsive to medications. It was documented that the injured worker was able to perform activities of daily living receiving current medications. It was documented that the injured worker had to have a revision of the lumbar fusion and an anterior approach was preferred; however a 25 pound weight loss was recommended prior to surgery. The injured worker's medications included Gabapentin 600 mg, Lidoderm patch, Medrox ointment, Duragesic 12 mcg/hr, Cymbalta 30 mg, Etodolac 400 mg, and Diazepam 5 mg. Physical findings included tenderness to palpation globally to the bilateral upper and lower extremities and spine. It was also documented that the injured worker had globally decreased range of motion. The injured worker's diagnoses included postlaminectomy syndrome of the lumbar spine, myalgia and myositis, cervical disc degeneration, chronic pain syndrome, depressive disorder, lumbosacral spondylosis, sleep disturbance, and long term use of medications. The injured worker's treatment plan included continuation of medications, a urine drug screen, and manual muscle testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURAGESIC 12 MCG/HR PATCH #10 WITH THREE REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines recommends the ongoing use of opioids be based on a quantitative assessment on pain relief, documentation of functional benefit, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has increased functional capabilities and is monitored for aberrant behavior. However, quantitative assessment of the injured worker's pain relief was not provided. Therefore, the efficacy of medication use is not supported. The request also includes 3 refills. This does not allow for timely reassessment or re-evaluation for ongoing documented pain relief to support efficacy. As such, the request is not medically necessary and appropriate.