

Case Number:	CM14-0008785		
Date Assigned:	02/12/2014	Date of Injury:	10/05/1993
Decision Date:	06/24/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/22/2014

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 60 year old female injured on 10/05/93 due to undisclosed mechanism of injury. Current diagnoses included severe chronic pain syndrome, cervical discogenic pain syndrome, emotional factors, C7 radiculopathy, and cervical facet syndrome. Clinical documentation dated 01/21/14 indicated the injured worker presented complaining of low back pain, neck pain, and leg pain rated at 3-4/10. The injured worker reported combination of Duragesic and spinal cord stimulator produced 50% reduction in pain. Medication agreement was in place and urine drug screens were performed on a regular basis. Physical examination revealed cervical spine tightness, lumbar spine pain, cervical range of motion 80% rotation to the right and left, negative straight leg raise bilaterally, and decreased grip on left. Current medications included Duragesic 75mcg every 48 hours and Wellbutrin. Clinical documentation dated 12/09/13 indicated the injured worker reported 90% reduction in pain and 90% more functional tasks including light housework and ability to walk farther. The original request for prescription of Duragesic 75mcg #15 patches per month for a 12 month supply was originally non-certified on 12/27/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF DURAGESIC 75MCG, #15 PATCHES PER MONTH FOR A 12 MONTH SUPPLY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93. Decision based on Non-MTUS Citation Official Disability Guidelines; Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Opioids, criteria for use Page(s): 77.

Decision rationale: As noted in the MTUS Chronic Pain Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments regarding possible dependence or diversion were also discussed. However, the request for a 12 month supply of Duragesic patches is excessive and does not allow for the recommended reassessment of medication efficacy and patient status. As such, the request for a prescription of Duragesic 75mcg, #15 patches per month for a 12 month supply cannot be recommended as medically necessary.