

Case Number:	CM14-0009077		
Date Assigned:	01/29/2014	Date of Injury:	12/15/2002
Decision Date:	07/24/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Tennessee. 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 patient is a 42-year-old female who has submitted a claim for spinal/lumbar DDD and chronic back pain associated with an industrial injury date of 12/15/2002. Medical records from 03/01/2013 to 12/27/2013 were reviewed and showed that patient complained of chronic low back pain radiating towards bilateral lower extremities. Physical examination of the lumbar spine revealed paravertebral muscle spasm and tenderness on both sides. Restricted range of motion with pain on lumbar flexion and extension was noted. SLR test and Lumbar facet loading on both sides was negative. MMT was 5/5 for bilateral lower extremities and sensation to light touch was intact. DTR was normal except for 0/4 on right ankle jerk reflex. X-ray of the lumbar spine dated 08/11/2008 showed postsurgical changes at L4-5 level otherwise normal findings. CT scan of the lumbosacral spine and sacrum dated 06/18/2008 revealed stable interbody fusion at L4-5 with surgical internal fixation by pedicle screws and stable right iliac bone graft. MRI of the lumbar spine dated 09/21/2007 revealed spinal fusion of L4-5, atrophy of the erector spinae muscles at level of L4-S1, and bilateral extraforaminal stenosis at L4-5. Treatment to date has included implantation of a spinal cord stimulation unit, TENS, Cymbalta, Sundafed, Flexeril, Motrin, Norco, Duragesic 25mcg/hr patch, and Lyrica. Utilization review, dated 12/27/2013 modified the request for Duragesic 25 mcg/hour patch, one patch to skin every 3 days #10 with refill to one refill of Duragesic patch #10 for the purpose of weaning off because there was no evidence that long term use of high-dose opiates has resulted in functional improvement or return at work.

IMR ISSUES, DECISIONS AND RATIONALES

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

**DURAGESIC 25 MCG/HOUR PATCH, ONE PATCH TO SKIN EVERY 3 DAYS,
QUANTITY 10, WITH REFILL: Overturned**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been using Duragesic 25mcg/hr patch #10 q3 days since 03/01/2013. The most recent progress report showed that medications provided pain relief and allowed patient to perform activities of daily living. Patient was able to perform cooking, cleaning, and do light household chores. Guideline criteria were met. Therefore, the request for prescription of Duragesic 2mcg/hr patch every 3 days, #10 with refill is medically necessary.