

Case Number:	CM14-0009500		
Date Assigned:	02/14/2014	Date of Injury:	08/02/2006
Decision Date:	06/24/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/24/2014

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 and Rehabilitation, and is licensed to practice in California. 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 underlying date of injury in this case is August 2, 2006. This patient is status post excision of a right index ulnar digital neuroma March 31, 2008 and incision and drainage of a right index finger infection August 11, 2006. The patient also is status post contracture release with excision of a distal ulnar neuroma October 2006. The patient additionally has the comorbidities of major depression, panic disorder, and agoraphobia. The patient has been treated on a chronic basis with opioid medications. Multiple urine drug screens have been positive for opioids, benzodiazepines, and medical marijuana. The patient's treating pain management physician saw the patient in followup October 18, 2013. The patient was noted to be treated chronically with Norco and a Duragesic patch. The patient denied nausea, constipation, or other side effects. Urine toxicology screening results were consistent with the patient's medications. Prescriptions were given for Norco 10/325 at 1 tablet q.6 hours as needed for pain and for a Duragesic patch 25 mcg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DURAGESIC PATCH 25MCG, #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids/Ongoing Management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Opioids/Ongoing Management outlines in detail the 4 A's of opioid management, encouraging opioid dosing based upon a specific assessment of functional goals and overall risks versus benefits of opioid treatment. The medical records do not document these 4 A's of opioid management in a verifiable manner or in a manner indicating that dosage has been correlated specifically with measurable or verifiable functional goals. Moreover, it is not clear that this patient has a diagnosis for which fundamentally the treatment guidelines recommend chronic opioid medications. It is not clear from the medical records that this patient has exhausted nonopioid options before considering chronic opioid use. For multiple reasons, this request is not consistent with the treatment guidelines. The retrospective request for a Duragesic patch 25 mcg, tn count, is not medically necessary or appropriate.