

Case Number:	CM14-0014156		
Date Assigned:	02/26/2014	Date of Injury:	02/25/1999
Decision Date:	07/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/04/2014

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 Management 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 66-year-old male who has submitted a claim for cervical spine strain, cervical degenerative disc disease, lumbar degenerative disc disease, bulging lumbar disc, lumbar facet arthropathy, cervicalgia, thoracic radiculitis, and thoracic pain; associated with an industrial injury date of 02/25/1999. Medical records from 12/11/2013 to 01/28/2014 were reviewed and showed that patient complained of neck and back pain, graded 4-6/10. Physical examination showed mild tenderness over the lower back. Lumbar range of motion was limited. Facet loading test of the cervical and lumbar spine was positive. DTRs of the biceps were decreased bilaterally. Motor testing showed 4/5 strength in the upper and lower extremities. Sensation was intact. Treatment to date has included Norco, citalopram hydrobromide, and Duragesic. Utilization review, dated 01/16/2014, modified the request Duragesic to facilitate weaning because of inadequate pain relief despite its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURAGESIC 100 MCG/HR #15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking 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 complains of chronic neck and back pain despite medications. He is not a surgical candidate. The latest progress report, dated 01/28/2014, states that patient has been using Duragesic for 15 years and has been on the present stable dose for at least 6 years now. He states that he would not be able to function if the dose was lowered. No side effects have been noted. The criteria have been met. Therefore, the request for Duragesic 100 MCG/HR #15 is medically necessary.