

Case Number:	CM14-0114984		
Date Assigned:	08/04/2014	Date of Injury:	02/25/2000
Decision Date:	09/10/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 67-year-old female who reported an unknown injury on 02/25/2000. On 04/23/2014, her diagnoses included lumbar spine radiculitis, cervical radiculitis, status post lumbar epidural, and left knee internal derangement. Her primary complaint was an increase in pain in her neck. She reported that a lumbar epidural steroid injection on 07/15/2013 gave her 75% pain relief, with increased function and a decrease in her use of medications. She further reported that she is changing her Duragesic patch every 48 hours. The recommended schedule is every 72 hours. Her medications included the Duragesic patch 50 mcg per hour, Tylenol #3, Voltaren gel, Percocet of an unknown dose, Lidoderm patches, Restoril 15 mg, and Robaxin of an unknown dose. She was also participating in a home exercise program for her lumbar and cervical spine. There was no rationale included in this injured worker's chart. A Request for Authorization dated 06/20/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic50mg Patches #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95..

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. Further recommendations include ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. For chronic back pain, opioids appear to be efficacious but limited for short-term pain relief. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. Long-term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long-term monitoring evaluations including, psychosocial assessment, side effects, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants, quantified efficacy, drug screens, or collateral contacts. Additionally, there was no frequency specified in the request. Since this injured worker is taking 3 different opioid medications, without the frequency, morphine equivalency dosage could not be calculated. Furthermore, the body part to which these patches should have been applied was not specified. Also, the request had an incorrect dosage. The correct dosage for Duragesic patches is 50 mcg per hour, not the stated 50 mg. Therefore, the request for Duragesic 50 mg patches #15 is not medically necessary.