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| Case Number: | CM14-0127647 | | |
| Date Assigned: | 08/15/2014 | Date of Injury: | 07/26/1996 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 08/09/2014 |
| Priority: | Standard | Application Received: | 08/12/2014 |

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 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 51 year old male who sustained a crush injury to his left foot on 07/26/96. On the date of injury, a [REDACTED] machine fell on top of his left foot. He ultimately underwent an open reduction internal fixation (ORIF) of the left fourth metatarsal. He has subsequently been diagnosed with reflex sympathetic dystrophy of the left foot. Records indicate that the injured worker had the placement of an intrathecal pump which was subsequently removed in 2002. He is noted to have a comorbid history of sarcoidosis. Per a clinical note dated 02/19/14, the injured worker reports pain levels of 10 without medications and 7 with. He reports functional improvements in which he is able to care for his twelve year old daughter. On 02/24/14, the injured worker is reported to have been seen in a local emergency room secondary to running out of medications. On 03/24/14, he presents with pain levels of 9/10. With the addition of Percocet, it is reported to be reduced to 8/10. The record contains a utilization review determination dated 08/09/14 in which a request for Duragesic 75 milligrams quantity ten was non certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 75mg, #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl transdermal system) , Opiates Page(s): 44, 74-80.

Decision rationale: The request for Duragesic 75 micrograms quantity ten is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic lower extremity pain reported to be a result of reflex sympathetic dystrophy. The records provide no data establishing that the injured worker has a signed pain management contract. There is no clear evidence of functional benefits as a result of this medication. The record contains a request for a urine drug screen on 10/12/13. However, the results of this drug screen are not available for review. It is further noted that the injured worker ran out of his pain medications and subsequently was seen in the emergency room. This would indicate that the injured worker is not compliant with his pain management contract. As such, the medical necessity for the continued use of this medication has not been established.