

Case Number:	CM14-0128528		
Date Assigned:	08/18/2014	Date of Injury:	09/30/1999
Decision Date:	09/15/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/13/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 9/30/99. A utilization review determination dated 7/31/14 recommends non-certification of Duragesic. The 7/8/14 medical report identifies increased back pain, SCS modest benefit and complains of intermittent shocks at night from unit. Without Lyrica, pain has increased significantly. Pain is in buttocks, leg, and foot and is noted to be 7-8/10. Fentanyl gives about 50% benefit in pain relief. Patient can perform active daily livings (ADLs) of cooking, dressing, walking, shower, bath, and household chores without assistance, but it increases her pain. On exam, there is lumbar tenderness and spasm, positive straight leg test left at 60 degrees with limited ROM, Achilles reflex is 1+ left and 2+ right, knee extension, dorsiflexion, and plantar flexion are 4/5 on the left. Treatment plan included decreasing opioids, such as Actiq was discontinued and Duragesic was decreased from 50 to 25 mcg/hour. The patches give patient 50% relief and help her to be able to function with ADLs. They help with mobility and keep low back pain at a manageable level. On 7/28/14 addendum, it notes that the medications were denied and the patient is in withdrawal with nausea, vomiting, headaches, vertigo, fever, and she feels like she needs to get to the hospital through the ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 25 mcg #15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120 of 127.

Decision rationale: Regarding the request for Duragesic 25 mcg #15, California Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is reported pain relief of 50% with use of the medication as well as improved ADLs and mobility. The provider and patient are attempting to lower the amount of opioids utilized, as Actiq was recently discontinued and Duragesic was decreased from 50 mcg to 25 mcg. There was no indication of any intolerable side effects or any aberrant behaviors. Given the above, it appears that ongoing use of the medication is appropriate. In light of the above, the currently requested Duragesic 25 mcg #15 is medically necessary.