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| Case Number: | CM14-0132956 | | |
| Date Assigned: | 08/22/2014 | Date of Injury: | 02/25/2000 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 07/18/2014 |
| Priority: | Standard | Application Received: | 08/20/2014 |

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 Occupational 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 67 year old woman who was involved in a work related injury from 2/25/2000. Details of the injury are not available, but the injured worker continues to treat for chronic lumbar and cervical spine disorders. Treatment has included lumbar epidural steroid injections from 7/13. This was beneficial, but the efficacy has worn off. Other treatments have included the use of Tylenol #3, and Duragesic patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No 3, QTY: 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: The notes in this case indicate the long term use of analgesic medications to treat the injured worker's chronic musculoskeletal issues. The injured worker has used a topical Duragesic patch for some time along with what appears to be the use of lower potency Tylenol #3 for breakthrough pain. This is prescribed to be used every 6 hours but the injured worker is only given 60 for a month. Hence, it would be used up to twice daily. The notes in this case do

indicate that the injured worker has benefit with her treatment plan. She has good days and bad days. It is noted that with her Duragesic and Tylenol, her pain is tolerable. She is noted to be engaged in a home exercise program as well. Noting subjective comments of a decrease in pain with this treatment regimen, in addition to some data to suggest functional improvement and moves toward functional restoration, the use of the Tylenol #3 is acceptable. The prior denial approved the Tylenol for a month's supply. The data does indicate subjective, and to a lesser extent objective gains with the use of this substance in this very chronic case. The request is medically necessary.

Duragesic Patch 50 mcg #15: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

Decision rationale: The notes in this case indicate the long term use of analgesic medications to treat the injured worker's chronic musculoskeletal issues. The injured worker has used a topical Duragesic patch for some time along with what appears to be the use of lower potency Tylenol #3 for breakthrough pain. This is prescribed to be used every 6 hours but the injured worker is only given 60 for a month. Hence, it would be used up to twice daily. The notes in this case do indicate that the injured worker has benefit with her treatment plan. She has good days and bad days. It is noted that with her Duragesic and Tylenol, her pain is tolerable. She is noted to be engaged in a home exercise program as well. Therefore, noting ongoing subjective comments of decrease in pain with this treatment regimen, plus some data to suggest functional improvement and moves toward functional restoration, the use of the Duragesic patch is acceptable. The prior denial showed limited updated clinical data. The records are consistent from month to month showing benefit with this treatment plan. Data strongly suggests that the injured worker is being treated at the lowest appropriate level of analgesics for her chronic condition. The request is medically necessary.