

Case Number:	CM14-0020980		
Date Assigned:	04/30/2014	Date of Injury:	05/09/1999
Decision Date:	07/08/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/19/2014

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 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:

The patient has submitted a claim for lumbar degenerative disc disease, lumbar spinal stenosis, and hip bursitis associated with an industrial injury date of May 9, 1999. Treatment to date has included NSAIDs, opioids, TENS, chiropractic sessions, and home exercise program. Medical records from 2013 to 2014 were reviewed. The patient complained of chronic lower back pain associated with decreased activity level and sleep. Physical examination showed antalgic gait, decreased lumbar spine range of motion due to pain, paravertebral muscle spasm and tenderness, tenderness over the posterior iliac and both sides of the sacroiliac spine, knee jerk was on the right and 2/4 on the left, ankle jerk was on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURAGESIC FROM 50MCG TO 75MCG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines specify four domains have been proposed as most relevant for ongoing monitoring of chronic

pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related 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 was prescribed Duragesic 50mcg/hour patch as early as August 2013. However, worsening levels of pain and activity levels prompted increasing the dosage of Duragesic from 50mcg/hour to 75 mcg/hour because the patient is already on multiple oral analgesics. The patient was likewise instructed to revert to a lower dose if he experiences worsening of dizziness. The medical necessity for this request has been established. However, it does not seem reasonable to certify a request without the specified quantity of drug to be dispensed. Therefore, the request for Duragesic 50mcg to 75mcg is not medically necessary.