

Case Number:	CM14-0031509		
Date Assigned:	06/20/2014	Date of Injury:	08/16/2011
Decision Date:	08/13/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/12/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 46-year-old female who reported an injury on 08/16/2011. The injury occurred when she reached overhead for a ream of paper and heard a pop/tearing and pain in her left shoulder. On 04/29/2014, the injured worker presented with neck pain radiating down her left arm, as well as left shoulder pain. The current medication included Duragesic patch, Percocet, Zanaflex, Donnatal, and Ambien. Upon examination, the left shoulder was tender, but within the anterior and posterior joints. There was pain with movement and a positive Spurling's. The diagnoses were neck pain, left shoulder pain, low back pain, and bilateral knees pain. The provider recommended Duragesic patches and Percocet. The provider's rationale was not provided. The request for authorization form was dated 05/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patches 50mcg/hr #15(date of service 01/27/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44,47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic, page(s) 44 and Fentanyl, page(s) 47 Page(s): 44, 47.

Decision rationale: The request for Duragesic patch 50 mcg/hour #15 (date of service 01/27/2014) is not medically necessary. The California MTUS state Duragesic is not recommended as a first-line therapy. Duragesic releases fentanyl, a potent opioid, slowly through the skin. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in injured workers who require continuous opioid analgesia for pain that cannot be managed by other needs. The documentation lacked evidence of a complete and adequate pain assessment and the injured worker included decreased pain and increased function for the use of the Duragesic patch. Additionally, fentanyl is an opioid analgesic with a potency 80 times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. As such, the request is not medically necessary.

Percocet 10/325 #30(date of service 01/27/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92,97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 78 Page(s): 78.

Decision rationale: The request for Percocet 10/325 mg #30 (date of service 01/27/2014) is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Flexeril (dose & directions for use not specified) #30(date of service 01/27/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), page(s) 41 Page(s): 41.

Decision rationale: The request for Flexeril #30 is not medically necessary. The California MTUS Guidelines recommend Flexeril is an option for short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that the shorter courses may be better. The treatment should be brief. More clarification is needed on whether this is a request for a new or ongoing medication. The provider's rationale for the request was not provided within the documentation. Additionally, the providers does not indicate the dose or frequency of the medication in the request as submitted. As such, the request is not medically necessary.