

Case Number:	CM14-0032636		
Date Assigned:	04/14/2014	Date of Injury:	12/15/2002
Decision Date:	07/07/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/11/2014

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 & Rehabilitation 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 42 year old female who sustained work related injuries on 12/15/02 the mechanism of injury was not described. However the clinical records indicated that the claimant sustained an injury or the injured worker sustained injuries to her low back. The claimant ultimately underwent intertransverse fusion and posterior lumbar interbody fusion on 06/05/03 post-operatively she developed post-laminectomy syndrome with epidural fibrosis and chronic neuropathic pain. She underwent trial of spinal cord stimulation on 03/03/09. She subsequently underwent permanent implantation with greater than 60% reduction in leg pain with improved walking tolerance and improved activities of daily living. However post-implantation the claimant continued to have significant levels of pain in the low back and was chronically maintained on oral medications Flexeril 10mg, Motrin 800mg, Norco 10/325, duragesic 25mcg/hour, and Lyrica 75mg the clinical records indicated that the injured worker had side effects from Lyrica and was subsequently discontinued and she was trialed on Cymbalta 30mg the record contained a letter of appeal from the requester in which he described the rationale for the provision of duragesic. This letter noted that the claimant would chronically be maintained on oral medications and duragesic patch. He noted that the duragesic patch provided for long acting pain relief and had significantly improved the activities of daily living of the injured worker. He noted the use of duragesic patch had evidently been helpful and that she was able to tolerate sitting standing and walking for one hour as compared to 20 or 30 minutes without medication use he noted that weaning was not a viable option. He noted that due to age the injured worker was highly vulnerable to side effects and overdosing associated with analgesic agents. He noted that duragesic was to allow for slow release of the drug, hence, making it relatively safe and a suitable choice of treatment. He noted that his medication was working well

without causing intolerable side effects or aberrant behaviors and therefore its continued use was justified.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURAGESIC 25MCG/HR PATCH ONE PATCH TO SKIN EVERY 3 DAYS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BACK PAIN Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The claimant has a failed back surgery syndrome with a dorsal column stimulator which provides 60% lower extremities pain relief. The records clearly indicate that the claimant has significantly high levels of pain requiring the use of opiate medications. The claimant undergoes routine urine drug screens with no evidence of non-compliance, diversion, or aberrant behaviors. In the letter of appeal, the requester clearly identifies that the claimant receives functional benefits and as such the continued use of this medication is recommended as medically necessary.