

Case Number:	CM14-0047846		
Date Assigned:	09/12/2014	Date of Injury:	10/25/2000
Decision Date:	10/16/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/27/2014

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 Nevada. 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 records, presented for review, indicate that this 64-year-old female was reportedly injured on October 25, 2000. The most recent progress note, dated April 1, 2014, indicated that there were ongoing complaints of low back pain, fibromyalgia, and anxiety. Current medications include Duragesic, Percocet, and Xanax. The physical examination demonstrated confusion, anxiety, depression, and agitation. Ambulation was guarded and the injured employee changed positions frequently. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included physical therapy, epidural steroid injections, and medications. A request had been made for Duragesic 100 g patches and Percocet and was not certified in the pre-authorization process on March 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 100 mcg./hr. patch # 15, 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127..

Decision rationale: The California MTUS Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an

extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. MTUS Treatment guidelines specifically state fentanyl is "not recommended for musculoskeletal pain." Review of the available medical records fails to document improvement in pain or function with the current treatment regimen and states, that despite these medications, the injured employee remains symptomatic. Considering this, the request for Duragesic 100 g patches is not medically necessary.

Percocet 10-325 mg. # 150, 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127..

Decision rationale: Percocet is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) in the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain after a work-related injury; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen and the medical record states, that despite this medication, the injured employee remains symptomatic. As such, this request for Percocet is not medically necessary.