

Case Number:	CM14-0077166		
Date Assigned:	09/29/2014	Date of Injury:	10/18/2007
Decision Date:	11/20/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/27/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 68 to male who sustained an industrial injury on 10/18/2007. The mechanism of injury was a fall off a platform. His diagnoses are chronic cervical spine pain- s/p cervical fusion C5-6 on 07/06/2010 and right shoulder pains/p rotator cuff revision on 10/18/2011. He continues to complain of neck pain rated as 8/10. He also complains of right shoulder pain rated as 6/10. On exam there is tenderness to palpation along the cervical paraspinal muscles and flexion and abduction is limited in the right shoulder. Treatment in addition to surgery has included medical therapy with opioid analgesics and a tricyclic antidepressant and epidural steroid injection therapy. The treating provider has requested Duragesic Patch 75 mcg q 72 hrs # 5 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURAGESIC PATCH 75 MCG Q72 HRS #5 FOR WEANING PURPOSES: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guidelines Page(s): 91-97.

Decision rationale: The documentation indicates the enrollee had been treated with opioid therapy with Duragesic for pain control. The documentation indicates the enrollee had been treated with opioid therapy with Duragesic for pain control. Duragesic is used for relief of moderate to severe pain. The patches release Fentanyl a potent opioid slowly through the skin. One patch may provide 72 hours of pain relief. Initial onset of effectiveness after a patch has been applied is typically 8-12 hours under normal conditions; thus, Duragesic patches are often prescribed with another opioid to handle breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation the claimant is to undergo weaning from chronic opioid therapy. Medical necessity for the requested amount of Duragesic patch has been established. The requested item is medically necessary.