

Case Number:	CM14-0082698		
Date Assigned:	07/21/2014	Date of Injury:	09/22/2002
Decision Date:	09/17/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/04/2014

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 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:

This 44 year-old patient sustained an injury to her left shoulder, elbow, and knee on 9/22/2002 from a slip and fall on wet floors. Request(s) under consideration include Duragesic 75mg/hr patch Td Qty 15. Diagnoses include lumbar degenerative disc disease and radiculopathy post laminectomy syndrome. Report of 5/7/14 from the provider noted the patient with chronic ongoing backache; no new problems; fair quality of sleep; no new injury. Medications working well with consistent UDS noted. Exam showed slightly antalgic gait; decreased lumbar range in all planes; hypertonicity and tenderness of paravertebral muscles; facet loading positive bilaterally; SLR positive on right at 50 Degrees; motor strength was normal; sensation decreased over lateral foot and calf on right side. Medications list Ambien, Cymbalta, Norco, Zanaflex, and Duragesic. Treatment included medications refill; H-wave, home exercise; patient deferred spinal cord stimulator. The request(s) for Duragesic 75mg/hr patch Td Qty 15 was partially-certified for Qty 10 on 6/2/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 75mg patch Qty 15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page On-Going Management Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Duragesic 75mg/hr patch Td Qty 15 is not medically necessary and appropriate.