

Case Number:	CM14-0171100		
Date Assigned:	10/23/2014	Date of Injury:	06/04/2010
Decision Date:	02/25/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 patient is a 37 year old presenting with a work related injury on 06/04/2010. The patient's medications include baclofen 10 mg one tablet three times per day, Duragesic 50 g patch, naproxen sodium 550 mg, Norco 10/325, omeprazole and gabapentin 600 mg. Patient complained of diffuse neck pain, left upper extremity pain, diffuse thoracic back pain and low back and bilateral extremity pain. The physical exam was significant for palpation of the region revealing prominent areas of tenderness in the region concordant with the patient's described area pain, deep palpation results in distal radiation of pain, globally and regional reduced range of motion, reduced ability in the joints, muscle strength is reducing the hip flexors, quadriceps, great toe extensor muscles and plantar flexor muscles; taut bands in the area of the pain, and soft tissue dysfunction as well as spasm in the lumbar paraspinal region. The patient was diagnosed with lumbosacral spondylosis without myelopathy, cervicgia, myalgia and myositis, chronic pain syndrome, dysthymic disorder, osteoarthritis not otherwise specified, cervical spondylosis without myelopathy, lumbar or lumbosacral disc degeneration, sleep disturbance, and long-term use of other medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 50 mcg/hr, ten count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Duragesic 50mcg/hr, ten count with two refills is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore requested medication is not medically necessary.