MAXIMUS Federal Services

Case Number:	CM14-0189596		
Date Assigned:	11/20/2014	Date of Injury:	06/06/2002
Decision Date:	01/08/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/13/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 patient is a 58-year-old male presenting with a work-related injury on June 6, 2006. The patient has a history of right shoulder and low back pain that radiated to the left lower extremity. On October 15, 2014 the patient reported 50% decrease in pain at 50% improvement in function with the use of medication. The physical exam was significant for antalgic lumbar posture, decreased lumbar motion, low back of the lumbar message the lordotic curve, decreased right shoulder range of motion with positive impingement sign and painful shoulder crepitus with submission. There was altered sense of the left lateral calf and bottom of foot, absent left ankle reflex and decreased muscle strength of the left side flexors, and extensors. The patient was diagnosed with right shoulder pain, issue laminectomy with foraminotomy at L4/L5 and L5/S1 level and nonindustrial medical problems. A claim was made for Duragesic Patch and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch 100mcg quantity 10: 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(s): 79.

Decision rationale: Duragesic Patch 100mcg quantity 10 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if there are no overall improvement in function, unless there are extenuating circumstances; continuing pain with evidence of intolerable adverse effects; decrease in functioning; resolution of pain; if serious non-adherence is occurring; and the patient requests discontinuing. The injured worker's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The injured worker has long-term use with this medication and there was a lack of improved function with this opioid. Therefore, this request is not medically necessary.

Norco 10/325mg quantity 120: 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(s): 79.

Decision rationale: Norco 10/325mg #120 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if there are no overall improvement in function, unless there are extenuating circumstances; continuing pain with evidence of intolerable adverse effects; decrease in functioning; resolution of pain; if serious non-adherence is occurring; and the patient requests discontinuing. The injured worker's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The injured worker has long-term use with this medication and there was a lack of improved function with this opioid. Therefore, this request is not medically necessary