

Case Number:	CM14-0193170		
Date Assigned:	11/26/2014	Date of Injury:	01/22/2001
Decision Date:	01/14/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/18/2014

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 Occupational Medicine 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:

Patient is a 50 year-old male with date of injury 01/22/2001. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/27/2014, lists subjective complaints as pain in the neck and low back. Objective findings: Examination of the cervical spine revealed range of motion restricted to about 25% of normal. Examination of the lumbar spine revealed range of motion restricted to about 50% of normal. Patient had right-sided cervical and thoracic tilt. Severe spasm was noted on palpation. Diagnosis: 1. Chronic pain syndrome 2. Postlaminectomy syndrome 3. Muscle tension headaches from severe chronic cervical spasm 4. Postlaminectomy syndrome in the lumbar area with radiculopathy on the left side 5. Failed spinal cord stimulator implant 6. Hypertension. Original reviewer modified medication request to Duresic 75mcg, #5 and Duragesic 100mcg, #6 for weaning purposes. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medication: 1) Duresic 75mcg, #15 SIG: 2 patches every 2 days, 2) Duragesic 100mcg, #16 SIG: 2 patches every 2 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two prescriptions of Duresic 75mcg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of the last 6 months. Therefore the request for two prescriptions of Duresic 75mcg #15 is not medically necessary.

Duragesic 100mcg #16: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is no documentation that the patient fits either of these criteria. Duragesic 100mcg #16 is not medically necessary.

Complete blood count and comprehensive metabolic panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: The ACOEM Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define low back pathology except in cases where cancer is suspected as the pain generator or cause of symptoms. As such the request is not medically necessary.