

Case Number:	CM14-0196539		
Date Assigned:	12/04/2014	Date of Injury:	07/03/2012
Decision Date:	01/23/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/24/2014

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 Medicine and is licensed to practice in Texas. 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 47 year old female who was injured on 7/3/2012. The diagnoses are cervical radiculopathy, lumbar radiculopathy, neck and low back pain. There are associated diagnoses of anxiety, depression, stress, irritable bowel syndrome and status post cholecystectomy. On 11/4/2014, [REDACTED] noted subjective complaint of low back pain radiating to the lower extremities. The pain score was rated at 6/10 with medications but 10/10 without medications. There were objective findings of paraspinal tenderness in the cervical and lumbar areas with as positive Spurling's and straight leg raising test bilaterally. The medications are Flexeril, Duragesic patch and hydrocodone. There are complaints of nausea, constipation and gastrointestinal upset associated with the use of oral medications. The hand written medical records have many parts that are not legible. The 9/9/2014 UDS was reported as inconsistent. On 10/31/2014, [REDACTED] Mental Health, noted subjective complaint of stress, insomnia, memory and concentration problems. The patient is utilizing Doxapin, Valium and Buspar from Mental Health. A Utilization Review was rendered on 11/12/2014 recommending modified certification for Duragesic patch 25mcg #10 to #5.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Duragesic patches 25mcg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, opioid induced hyperalgesia, addiction, sedation, dependency and adverse interactions with sedatives and psychiatric medications. The guidelines recommend that neuropathic medications be utilized as first line options in chronic pain patients with psychosomatic symptoms. The use of Duragesic is reserved as a second line option for patients who cannot tolerate or have failed oral opioids. The records indicate that the patient is utilizing oral opioids, muscle relaxants and several psychiatric medications. The patient is complaining of problems with memory and concentration. The criteria for the use of Duragesic patch 25mcg/hr #10 was not met.