

Case Number:	CM14-0198507		
Date Assigned:	12/08/2014	Date of Injury:	11/27/1996
Decision Date:	01/21/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 62 year old male reportedly sustained a work related injury on November 27, 1996. Diagnoses include post laminectomy syndrome, chronic back pain with radiculopathy, myalgia, bilateral shoulder impingement, erectile dysfunction, testicular hypo function, xerostomia, and chronic anxiety, depression and insomnia. Pain management visit dated October 10, 2014 provides the injured worker states his pain is decreased and his function has increased. He states his pain averages 6/10. The injured worker ambulates with a cane and is resting or reclined 50 to 75% of the day. Pain management visit dated November 12, 2014 documents the injured worker has increased pain and withdrawal. He uses a heating pad constantly that has resulted in second degree burns. The pain is in bilateral legs, shoulders, knees, buttocks and low back. He awakes 5 times nightly. His pain varies from 4-8/10 with medication and is 9/10 without medication. Physical exam documents grimaces and "normal pain behaviors". Medications listed are Naprosyn, Capsaicin cream, Duragesic patches, Norco, Ambien, Cymbalta, Zanaflex, Effexor, Zonegran, Terazosin, Diphenhydramine HCL, Cialis, Levothroid, Androgel pump, Voltaren and Lidoderm patch. On November 14, 2014 determined the request dated November 7, 2014 for 30 tablets of Voltaren XR 100 MG to be non-certified, modified the request for 15 Duragesic patches 75 MCG and 30 Duragesic patches 100 MCG. Medical Treatment Utilization Schedule (MTUS) guidelines were cited in the decision. Application for independent medical review is dated November 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Voltaren XR 100 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: This 62 year old male has complained of low back pain, leg pain and bilateral shoulder pain since date of injury 11/27/1996. He has been treated with laminectomy, physical therapy and medications to include NSAIDS since at least 06/2014. The current request is for Voltaren. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least a 5 month period. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Voltaren is not indicated as medically necessary in this patient.

15 Duragesic Patches 75 MCG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 6-85, 88-89.

Decision rationale: This 62 year old male has complained of low back pain, leg pain and bilateral shoulder pain since date of injury 11/27/1996. He has been treated with laminectomy, physical therapy and medications to include opioids since at least 06/2014. The current request is for Duragesic patches 75 mcg. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Duragesic patches 75 mcg is not indicated as medically necessary.

30 Duragesic Patches 100 MCG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 62 year old male has complained of low back pain, leg pain and bilateral shoulder pain since date of injury 11/27/1996. He has been treated with laminectomy, physical therapy and medications to include opioids since at least 06/2014. The current request is for Duragesic patches 100 mcg. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Duragesic patches 100 mcg is not indicated as medically necessary.