

Case Number:	CM14-0201621		
Date Assigned:	12/11/2014	Date of Injury:	04/02/2004
Decision Date:	01/28/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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:

This 60 year old male sustained a work related injury on 4/2/2004. The mechanism of injury was not described. The current diagnoses are central and left-sided L5-S1 disc herniation and obesity. According to the progress report dated 11/03/2014, the injured workers chief complaints were increased and persistent back pain with occasional radiation of pain down both legs, greater on the left. . The physical examination revealed tenderness along the lumbar paraspinal muscles, iliolumbar, and sacroiliac regions. His gait is mildly antalgic. Lumbar range of motion is 60% of normal. Current medications are Norco and Lyrica. The injured worker was previously treated with interlaminar epidural steroid injection with no improvement in symptoms. On this date, the treating physician prescribed Duragesic patch 50mcg #5, which is now under review. The Duragesic patch was prescribed specifically for increased pain. In addition to the Duragesic patch, the treatment plan includes Norco; consider Toradol injection, and follow-up appointment in 7-10 days. When the Duragesic patch was first prescribed work status was not described. On 11/12/2014, Utilization Review had non-certified a prescription for Duragesic patch 50mcg #5. The Duragesic patch was non-certified based on no evidence that the injured worker is making any substantial functional gains. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Duragesic 50mcg #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System).

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

Decision rationale: Duragesic 50 mcg #5 is not medically necessary. On page 79 of MTUS guidelines stated 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) 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, the requested medication is not medically necessary.