MAXIMUS Federal Services

Case Number:	CM14-0203141		
Date Assigned:	12/15/2014	Date of Injury:	07/17/2002
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 individual is a 58 y/o male who developed chronic low back pain subsequent to an injury 7/17/02. He has been on significant doses of opioids for a several year time period. The frequency of Durgesic 75ug was recently changed from a replacement every 48 hours to every 72 hours. Withdrawal symptoms were reported and due to they sweating he reported problems with the patch sticking. The treating physicians plans were to increase the dose to 100ug and maintain the 72 hr schedule. The Oxycontine was discontinued and Tramadol was instituted. Pain relief is reported to be about 30% from the opioids. Frequent drug testing and CURES inquiries are documented. Functional benefits are poorly documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 75mcg #15 (DNF until 11/24/2014): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The treating physician is in the midst of adjusting and diminishing the amount of opioids utilized. This adjustment is consistent with Guideline recommendations. At the time of the request, the Durgesic 75ug #15 was medically necessary. Subsequently, this dose has been modified by the treating physician.

Lidoderm Patch 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Guidelines supports the use of Lidoderm for localized peripheral neuropathic pain, but specifically does not support its use for spinal pain. There are no unusual circumstances or benefits that justify an exception to Guidelines. The Lidoderm Patch 5% #30 is not medically necessary.

Tramadol 50mg #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): 78-80.

Decision rationale: MTUS Guidelines supports the rotation of opioids when there is inadequate pain relief. MTUS Guidelines also support the use of less potent opioids whenever possible. The Tramadol is being utilized in place of Oxycontin. This substitution is consistent with Guidelines and the Tramadol 50mg. #120 is medically necessary.