

Case Number:	CM14-0047607		
Date Assigned:	06/25/2014	Date of Injury:	07/01/2005
Decision Date:	01/26/2015	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/31/2014

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 Tennessee. 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 is a 38-year-old female with a 7/1/2005 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 2/21/14 noted subjective complaints of right arm and leg pain. There were no objective findings documented. Medications included Norco, Duragesic, Lidoderm, and Cymbalta. Diagnostic Impression: Central pain syndrome, lumbar radiculopathy. Treatment to Date: medication management, physical therapy. A UR decision dated 3/4/14 denied the request for Duragesic 12 mcg every other and Duragesic 50 mcg every other day. Duragesic is a potent transdermal opioid not supported by MTUS Guidelines. It also denied Medications on an ongoing basis. This is vague and non-specific to a particular medication therefore is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 12mcg every other day #15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transdermal System Page(s): 45.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Duragesic is indicated in the management of chronic pain in patients who require continuous

opioid analgesia for pain that cannot be managed by other means, but is not recommended as a first-line therapy. However, with a 2005 original date of injury, it is unclear how long the patient has been on opioid therapy. There is no specific rationale as to why the patient needs to be on both Hydrocodone as well as Duragesic. Additionally, there is no clear documentation of objective benefit derived from opioid usage. Therefore, the request for Duragesic 12 mcg every other day #15 is not medically necessary.

Duragesic 50mcg every other day #15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Fentanyl Transdermal System Page(s): 45.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, but is not recommended as a first-line therapy. However, with a 2005 original date of injury, it is unclear how long the patient has been on opioid therapy. There is no specific rationale as to why the patient needs to be on both Hydrocodone as well as Duragesic. Additionally, there is no clear documentation of objective benefit derived from opioid usage. Therefore, the request for Duragesic 50 mcg every other day #15 is not medically necessary.

Medications on an ongoing basis Quantity: 6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: CA MTUS does not address this issue. ODG states that Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: determine the aim of use of the medication; determine the potential benefits and adverse effects; determine the patient's preference. However, this request is non-specific and without clarification of which particular medications are requested, this cannot be certified. Therefore, the request for medications on an ongoing basis Quantity: 6 are not medically necessary.