

Case Number:	CM15-0008479		
Date Assigned:	01/26/2015	Date of Injury:	08/23/2009
Decision Date:	03/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 56 year old female with an industrial injury dated 08/23/2009. Her diagnoses include cervical degenerative disc disease, status post shoulder surgery (01/2011) and left shoulder surgery (08/17/2010), Thoracic pain, and chronic low back pain. Previous diagnostic tests have included a cervical MRI (09/21/2009) showing multilevel degenerative disc disease with varying degrees of left neuroforaminal narrowing in multiple levels, electrodiagnostic studies of then left upper extremity (11/11/2009, 02/23/2011 & 09/30/2013) that were negative, a MRI of the thoracic spine (04/2010) showing only degenerative disc disease, and a MRI of the lumbar spine (04/15/2010) showing disk desiccations and bulging disc at L1-L2 and L4-L5. Recent diagnostic testing was not provided or discussed. She has been treated with Duragesic, Percocet and ibuprofen for many months. In a progress note dated 12/18/2014, the treating physician reports that the injured worker continues to suffer significantly from pain despite treatment with the Duragesic patch for which the injured worker stated that the medication does nothing for her. The objective examination stated no significant change. The treating physician is requesting a retrospective Duragesic patches which was denied by the utilization review. On 12/15/2014, Utilization Review non-certified a retrospective prescription for Duragesic patch 50mcg #10, noting the lack of functional improvement despite use of this medication, and a previous decision by the UR to modify and deny previous request for the purpose of weaning. The MTUS, ACOEM Guidelines, (or ODG) were cited. On 01/14/2015, the injured worker submitted an application for IMR for review of Duragesic patch 50mcg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patch 50mcg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than five years status post work-related injury and continues to be treated for chronic widespread pain. The requesting provider documents poor pain control with medications including Duragesic and Percocet at a total MED (morphine equivalent dose) of 210 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended and there is poor pain control. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Duragesic was not medically necessary.