

Case Number:	CM15-0132171		
Date Assigned:	07/20/2015	Date of Injury:	09/17/1999
Decision Date:	08/21/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/08/2015

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: California
 Certification(s)/Specialty: Family Practice

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 38 year old female sustained an industrial injury to the neck and back on 9/17/99. Recent treatment consisted of medication management. In a PR-2 dated 6/2/15, the injured worker complained of aching pain down the spine with radiation down the left leg. The injured worker had received authorization for eight sessions of physical therapy and to begin psychiatric therapy but no appointments had been scheduled at the time of the exam. Current diagnoses included anxiety disorder, degeneration of cervical intervertebral disc, chronic insomnia, depressive syndrome and neuralgia. The physician noted that the goal was to taper Norco and Duragesic and wean off Xanax. The treatment plan included continuing current regimen of Norco with plan for further tapering if possible, refilling Duragesic transdermal and scheduling psychiatric and physical therapy appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 1 tablet twice a day if necessary for pain, #60 for cervical and lumbar pain: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS guidelines, the long term use of opioids is not supported for chronic non-malignant pain due to the development of habituation, tolerance and side effects associated with chronic opioid use. The MTUS guidelines note that pain may be improved with weaning of opioids. In this case, the medical records note that the treating provider is planning to wean the currently prescribed opioids. The requested medication is therefore supported to allow for weaning. The request for Norco 10/325mg, 1 tablet twice a day if necessary for pain, #60 for cervical and lumbar pain is medically necessary and appropriate.

Duragesic 100mg transdermal film ER (extended release), apply 1 patch topically every 48 hours, #15 for cervical and lumbar pain: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS guidelines, the long term use of opioids is not supported for chronic non-malignant pain due to the development of habituation, tolerance and side effects associated with chronic opioid use. The MTUS guidelines note that pain may be improved with weaning of opioids. In this case, the medical records note that the treating provider is planning to wean the currently prescribed opioids. The requested medication is therefore supported to allow for weaning. The request for Duragesic 100mg transdermal film ER (extended release), apply 1 patch topically every 48 hours, #15 for cervical and lumbar pain is medically necessary and appropriate.

Duragesic 25mg transdermal film ER (extended release), apply 1 patch topically every 48 hours, #15 for cervical and lumbar pain: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the MTUS guidelines, the long term use of opioids is not supported for chronic non-malignant pain due to the development of habituation, tolerance and side effects associated with chronic opioid use. The MTUS guidelines note that pain may be improved with weaning of opioids. In this case, the medical records note that the treating provider is planning to wean the currently prescribed opioids. The requested medication is therefore supported to allow for weaning. The request for Duragesic 25mg transdermal film ER (extended release), apply 1 patch topically every 48 hours, #15 for cervical and lumbar pain is medically necessary and appropriate.