

Case Number:	CM15-0168192		
Date Assigned:	09/08/2015	Date of Injury:	04/23/1999
Decision Date:	10/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 52 year old male who sustained an industrial injury on 4-23-1999. Medical records indicate the injured worker is being treated for failed back surgery, permanent implantation of spinal cord stimulator, lumbar facet hypertrophy at L3-L4, L4-L5, and L5-S1 level, lumbar facet syndrome, chronic myofascial pain syndrome, status post right partial knee replacement. Progress report dated 8-18-2015 noted that low back pain was a 4-5 out of 10 which has decreased since progress report dated 8-4-2015 which was a 5-8 out of 10. Physical examination noted range of motion was restricted. There was paravertebral muscle spasm and tenderness present in the lumbar spine area. Right sided straight leg raise was 40-50 degrees and left sided straight leg raise was 50-60 degrees. There was diminished sensation to light touch along the medial and lateral border of the right leg, calf, and foot. Treatment has included medication and a Duragesic patch since at least 4-23-2015. Ct scan of the lumbar spine dated 4-16-2015 reported as lumbar facet arthrosis at L4-L5 and L5-S1 level with bilateral neuroforaminal stenosis. Utilization review form dated 8-26-2015 included a Duragesic Patch 50 mcg # 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch 50mg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Duragesic patch 50 g #10 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are failed back surgery syndrome; permanent implantation spinal cord stimulator; lumbar facet syndrome; chronic myofascial pain syndrome; and status post right partial knee replacement. Date of injury is April 23, 1999. Request for authorization is August 20, 2015. According to a February 10, 2015 progress note, the injured worker was taking morphine sulfate extended release 15 mg. According to a March 12, 2015 progress note, morphine sulfate was discontinued and methadone 5 mg started. According to the April 2, 2015 progress note, methadone was discontinued and Duragesic 25 g Q3 days was prescribed. According to the April 23, 2015 progress note, the injured worker had partial relief with Duragesic. The treating provider increased Duragesic to 50 g every two days. According to an August 4, 2015 progress note, the injured worker complained of a severe flare of low back pain 8/10. Duragesic was increased to 75 g every two days. On August 18, 2015, the injured worker presented to the emergency department with dizziness and drowsiness secondary to Duragesic. The treating provider reduced Duragesic to 50 g every three days. There are no detailed pain assessments in the medical record. There were no risk assessments in the medical record. There is no documentation demonstrating objective functional improvement. Additionally, the injured worker has been trial on multiple opiates with varying strengths since February 2015 with no documentation of objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement with multiple opiates, side effects including sedation drowsiness with Duragesic 75 g, no detailed pain assessments or risk assessments and no attempt at weaning, Duragesic patch 50 g #10 is not medically necessary.