

Case Number:	CM15-0187990		
Date Assigned:	09/29/2015	Date of Injury:	03/31/2012
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/24/2015

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 55 year old male, who sustained an industrial injury on 3-31-2012. The injured worker was diagnosed as having post-laminectomy syndrome of the lumbar spine, depression and anxiety due to chronic pain, and insomnia. Treatment to date has included diagnostics, lumbar discectomy x2 in 2012, physical therapy, epidural steroid injections, and medications. Currently (8-11-2015), the injured worker complains of failed back syndrome, pain not rated. He was awaiting psychological consultation for clearance for spinal cord stimulator trial. He reported that he no longer had his primary physician to prescribe Wellbutrin for pain and mood. He reported being placed on Lidoderm but stated that it was not authorized. He reported benefit with Duragesic (use since at least 3-2015), noting that it brings pain levels down so that he is able to function. His function with activities of daily living was not described. Lyrica helped with paraesthesias but he continued to have numbness with radiation down the legs and a burning toward the buttock region. Objective findings noted mild distress, a flat affect, pain with prolonged sitting, and positive straight leg raise on the left. Urine toxicology (2-18-2015) was documented as consistent. His work status was "sedentary work only". Per the Request for Authorization dated 8-18-2015, the treatment plan included continued Duragesic patch 25mcg #10, modified to Duragesic patch 25mcg #5 by Utilization Review on 8-27-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patch 25 mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in March 2012 and is being treated for chronic pain including a diagnosis of post-laminectomy syndrome with secondary depression and anxiety as well as insomnia. Surgery was done in November 2012 with a repeat surgery two days after the initial operation for recurrent left lower extremity pain. Additional surgery had been planned in 2014 but was not completed. In March 2015, medications were decreasing pain from 9/10 to 2/10 and in May 2015 from 9/10 to 4/10. When seen, a spinal cord stimulator was being requested. Duragesic is referenced as bringing down pain levels allowing him to function. Physical examination findings included appearing in mild distress. There was positive left seated straight leg raising. He had pain with prolonged sitting. Duragesic was continued at the same dose at a total MED (morphine equivalent dose) of 60 mg per day. Fentanyl is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. A spinal cord stimulator trial is being requested consistent with a failure of medication management. Continued prescribing is not medically necessary.