Case Number:	CM15-0197057		
Date Assigned:	10/12/2015	Date of Injury:	01/11/1984
Decision Date:	11/19/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/06/2015

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 75 year old male, who sustained an industrial injury on 1-11-84. The injured worker is diagnosed with lumbar disc protrusion and extrusion L3-L4, L4-L5 and L5-S1, lumbar facet hypertrophy L3-L4, L4-L5 and L5-S1, lumbar facet syndrome and a rotator cuff tear (large) with severe acromioclavicular arthrosis and chronic myofascial pain syndrome. The injured worker has a "stipulated award" regarding work-disability status. Notes dated 5-5-15 - 9-1-15 reveals the injured worker presented with complaints of right shoulder and low back pain. He reports difficulty reaching above his right shoulder due to the pain. He reports constant, severe pain that radiates into his mid back. Prolonged sitting, descending stairs and lifting heavy objects, increases his pain. His pain is rated at 7-9 out of 10. Physical examinations dated 6-2-15 - 9-1-15 revealed increased "lumbar lordosis" and lumbar spine and right shoulder range of motion is severely restricted. There is lumbar "paravertebral" muscle spasm and tenderness noted and bilateral sitting straight leg raise is positive. The right shoulder rotator cuff sign is positive and there is tenderness at the right "acromioclavicular joint" area. Treatment to date has included marijuana cream, Duragesic patch (5-5-15) and right shoulder injection. The injured worker has experienced therapeutic failure from epidural steroid injections, medial branch blocks and radiofrequency lesions, and anti-inflammatory medications resulted in bleeding per note dated 5-21-15. Diagnostic studies to date have included a right shoulder MRI (4-13-15) large tear of the rotator cuff removal in supraspinatus and infraspinatus tendon with type III acromion with severe acromioclavicular joint arthrosis, per physician note dated 5-5-15. Right shoulder x-rays reveals significant acromioclavicular joint arthrosis and early degenerative

changes of the glenohumeral joint with the riding humeral head, per physician note dated 5-21-15. A request for authorization dated 9-8-15 Duragesic patch 12 mcg #30 is non-certified, per Utilization Review letter dated 9-15-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patch 12mcg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Duragesic patch 12 g #30 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 lumbar disc protrusion and extrusion at L3 - L4, L4 - L5 and L5 - S1; lumbar facet hypertrophy with neuroforaminal stenosis at L3 - L4, L4 - L5 and L5 - S1; lumbar facet syndrome; status post bilateral total knee replacement; large tear rotator cuff with severe AC joint arthrosis; and chronic myofascial pain syndrome. Date of injury is January 11, 1984. Request for authorization is dated September 8, 2015. According to a progress note dated May 5, 2015, the treating provider started Duragesic 25 g every three days. According to a July 2, 2015 progress note, subjective complaints include low back pain 8/10. The clinical entry states there is no relief from Duragesic. According to an August 4, 2015 progress note, Duragesic causes dizziness and drowsiness. The treating provider reduced the dose to Duragesic 12.5 g. The frequency is not stated in the record. According to a September 1 2015 progress note, the recipient of escalating low back pain and right shoulder pain with a persistently elevated pain score of 8/10. Objectively, there is decreased range of motion with tenderness and spasm. There is no documentation demonstrating objective functional improvement to support ongoing Duragesic. Initially, Duragesic did not provide analgesic relief and subsequently Duragesic caused dizziness and drowsiness. The dose was reduced, but there were still subjective complaints of severe pain (8/10). There are no detailed pain assessments or risk assessments. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no detailed pain assessments or risk assessments, no documentation demonstrating objective functional improvement with side effects of dizziness and drowsiness at the 25 g dose, Duragesic patch 12 g #30 is not medically necessary.