

Case Number:	CM15-0202989		
Date Assigned:	10/19/2015	Date of Injury:	06/15/2000
Decision Date:	12/01/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/15/2015

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: Emergency 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 57 year old male, who sustained an industrial injury on 6-15-00. The injured worker was diagnosed as having intractable pain residual due to multiple surgical procedures to the lumbosacral spine, moderate to severe bilateral L5 radiculopathy, moderate bilateral S1 radiculopathy, and mild to moderate bilateral L4 radiculopathy. Treatment to date has included L3-S1 fusion in 2003, aquatic therapy, and medication including Duragesic patches, Wellbutrin, Valium, Dilaudid, Neurontin, and Topamax. On 8-29-15 physical examination findings included restricted thoracic spine range of motion, restricted lumbar spine range of motion, and multiple myofascial trigger points in the thoracic and lumbar paraspinal musculature. Sensation to fine touch and pinprick was decreased in the calf area bilaterally. On 6-29-15 pain was rated as 6 of 10 and on 8-29-15 pain was rated as 10 of 10 without medication. Pain medication was noted to provide a 50-60% improvement in pain. The injured worker had been taking Dilaudid since at least August 2015 and using Duragesic patches since at least July 2015. On 8-29-15, the injured worker complained of pain in the upper and lower back with numbness and weakness in bilateral lower extremities. On 8-29-15 the treating physician requested authorization for Duragesic patch 100mcg-ml #10, Duragesic patch 50mcg-ml #10, and Dilaudid 4mg #150 all for the date of service 8-29-15. On 10-9-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch 100mcg/ml #10 DOS: 8/29/15: 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 for chronic pain.

Decision rationale: The requested Duragesic patch 100mcg/ml #10 DOS: 8/29/15 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has lumbar radiculopathy. The treating physician has documented restricted thoracic spine range of motion, restricted lumbar spine range of motion, and multiple myofascial trigger points in the thoracic and lumbar paraspinal musculature. Sensation to fine touch and pinprick was decreased in the calf area bilaterally. On 6-29-15 pain was rated as 6 of 10 and on 8-29-15 pain was rated as 10 of 10 without medication. Pain medication was noted to provide a 50-60% improvement in pain. The injured worker had been taking Dilaudid since at least August 2015 and using Duragesic patches since at least July 2015. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Duragesic patch 100mcg/ml #10 DOS: 8/29/15 is not medically necessary.

Duragesic patch 50mcg/ml #10 DOS: 8/29/15: 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 for chronic pain.

Decision rationale: The requested Duragesic patch 50 mcg/ml #10 DOS: 8/29/15 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has lumbar radiculopathy. The treating physician has documented restricted thoracic spine range of motion, restricted lumbar spine range of motion, and multiple myofascial trigger points in the thoracic and lumbar paraspinal musculature. Sensation to fine touch and pinprick was decreased in the calf area bilaterally. On 6-29-15 pain was rated as 6 of 10 and on 8-29-15 pain was rated as 10 of 10 without medication. Pain medication was noted to provide a 50-60%

improvement in pain. The injured worker had been taking Dilaudid since at least August 2015 and using Duragesic patches since at least July 2015. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Duragesic patch 50 mcg/ml #10 DOS: 8/29/15 is not medically necessary.

Dilaudid 4mg #150 DOS: 8/29/15: 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 for chronic pain.

Decision rationale: The requested Dilaudid 4mg #150 DOS: 8/29/15 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has lumbar radiculopathy. The treating physician has documented restricted thoracic spine range of motion, restricted lumbar spine range of motion, and multiple myofascial trigger points in the thoracic and lumbar paraspinal musculature. Sensation to fine touch and pinprick was decreased in the calf area bilaterally. On 6-29-15 pain was rated as 6 of 10 and on 8-29-15 pain was rated as 10 of 10 without medication. Pain medication was noted to provide a 50-60% improvement in pain. The injured worker had been taking Dilaudid since at least August 2015 and using Duragesic patches since at least July 2015. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Dilaudid 4mg #150 DOS: 8/29/15 is not medically necessary.