

<b>Case Number:</b>	CM15-0029299		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	03/08/2000
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Preventive Medicine, Occupational 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:

This 47 year old male sustained an industrial injury on 3/8/00, with subsequent ongoing back and shoulder pain. X-ray lumbar spine (4/2010) showed moderate degenerative disc changes with hypertrophic facet joints. In a PR-2 dated 2/3/15, the injured worker complained of increased pain since his last office visit with decreased activity level due to pain. The injured worker rated his pain 4/10 on the visual analog scale with medications and 9/10 without. Physical exam was remarkable for lumbar spine with tenderness to palpation, tight muscle band bilaterally, spasms, restricted range of motion and negative straight leg raise. Current diagnoses included post lumbar laminectomy syndrome, lumbar disc disorder, chronic back pain and lumbar facet syndrome. The treatment plan included ongoing psychiatric care, continuing Duragesic patch with Tegaderm for use over patch and continuing to hold Flexeril due to low blood pressure in the past. The physician noted that the injured worker continued to have good pain relief with Duragesic patch, allowing him to complete activities of daily living and be more mobile. The injured worker could not tolerate oral medications due to gastrointestinal issues. On 1/28/15, Utilization Review noncertified a request for Duragesic patch 50 mcg #10, citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duragesic patch 50 mcg #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26, Page 80.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is no documentation that the patient fits either of these criteria. Duragesic patch 50 mcg #10 is not medically necessary.