MAXIMUS Federal Services

Case Number:	CM15-0210708		
Date Assigned:	10/29/2015	Date of Injury:	03/11/2004
Decision Date:	12/14/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/27/2015

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:

The injured worker is a 47 year old male who sustained an industrial injury on March 11, 2004. The worker is being treated for: artificial disc and ALIF, facet arthropathy, herniated nucleus pulposus, resorption change adjacent to disc prosthesis with pseudoarthrosis, lumbar stenosis, and kyphotic deformity. Subjective: May 12, 2015 he reported complaint of increasing upper mid lower back pain along with arm and leg numbness. There is also note of sleep difficulty with pain. July 06, 2015he reported back pain described as aching, burning, stabbing, throbbing, spasming, shooting, stiffness that wraps around rib cage and radiating side to side along with radicular leg pains. Objective: May 12, 2015 noted SLR positive at 30 degrees bilaterally. July 06, 2015 noted the worker having nociceptive, neuropathic and inflammatory pains. There is note of titrating medications down with note of increased pain, suffering and decreased functional ability. Diagnostic: MRI thoracic, cervical and lumbar April 2015, EMG NCV, CT scan of cervical thoracic and lumbar spine. Medication: the worker is allergic to Ibuprofen. July 06, 2015, August 04, 2015: Cialis, Flexeril, Diazepam, Dicyclomine, Promethazine, Topamax, and Wellbutrin. , Colace, Duragesic, compound topical cream, Lyrica, Norco, Omeprazole. Treatment: further surgery recommended, medications, physical therapy. On October 02, 2015 a request was made for Duragesic patches 75mcg #15 that was noncertified by Utilization Review on October 08, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patches 75mcg/hr #15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6 Pain, Suffering and the Restoration of Function, Principles of Pain Management; Official Disability Guidelines (ODG), Pain, Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: MTUS Guidelines have very specific recommend criteria to support the long term use of opioid medications. The Guidelines also support the use of long and short half life opioids if there are specific benefits. The criteria have not been met in that there are no detailed functional benefits as a result of use. However, this situation is somewhat unique in that the opioid dosing was recently significantly increased due to a recent spinal surgery and there have been complications post operative. A significant change in opioids would not be medically appropriate at this point in time, but may be once there is medical stabilization. Under these circumstances, the Duragesic patches 75mcg/hr #15 are medically necessary.