

Case Number:	CM15-0030825		
Date Assigned:	02/23/2015	Date of Injury:	06/05/2002
Decision Date:	04/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	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: Physical Medicine & Rehabilitation

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 female with an industrial injury dated June 5, 2002. The injured worker diagnoses include low back pain and lumbar facet arthropathy. She has been treated with prescribed medications and periodic follow up visits. According to the progress note dated 1/26/2015, the treating physician noted that the injured worker presented for evaluation of chronic lower back and left posterolateral leg pain which terminates through the dorsum of the foot and along the lateral aspect of the plantar region as well when most severe. The treating physician assessment revealed chronic multifactorial lower extremity pain, with a left lumbar radiculopathy. The treating physician prescribed Duragesic 25 mcg # 15. Utilization Review determination on February 6, 2015 modified the request to Duragesic 25 mcg # 14, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 25 mcg # 15: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents for evaluation of chronic lower back and left posterolateral leg pain rated 6/10, which terminates through the dorsum of the foot and along the lateral aspect of the plantar region as well when most severe. The request is for DURAGESIC 25 MCG #15. The RFA provided is dated 02/02/15. Patient's diagnosis included low back pain and lumbar facet arthropathy. Concurrent medications included Norco. The patient's work status is not provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Duragesic patches were first noted in progress report dated 07/29/14 and the patient has been using them consistently since at least then. Per the progress report dated 01/26/15, percentage improvement that pain medications are providing is reported as 70. Patient walks again for exercise, sleeps better, and completes ADLs more easily and ambulates much less antalgically. Patient states that "the medication allows her to maintain basic chores throughout the course of an average day." UDS report dated 12/24/14 was reported as consistent and the patient was considered to be at moderate risk for opioid abuse. There was also a signed opioid agreement in place. In this case, in addressing the 4As, the treater, has noted UDS, discussed aberrant behaviors, and functional improvement via specific ADLs and pain contracts. The patient seems to be tolerating the medication as no side effects are documented. Given the documentation of all four A's, the request IS medically necessary.