

<b>Case Number:</b>	CM15-0035643		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	05/30/1997
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 55 year old male, who sustained an industrial injury on May 30, 1997. His diagnoses include status post multiple back surgeries with fusion and failed back syndrome, status post cervical fusion and disc replacement, and spinal cord stimulator implantation and subsequent removal. On August 23, 2013, he underwent removal of deep retained symptomatic hardware lumbosacral spine battery dorsal column implant. He has been treated with urine drug screening and medications. On November 20, 2014, the agreed medical evaluator physician reports pain of the back, neck, upper extremities, and lower extremities. His lumbar spine pain is rated 8/10 and the pain improves with medications. He has numbness of the legs and the symptoms radiate to his back and legs. He uses a cane for ambulation due to difficulty and weakness. He complains of neck pain and stiffness, numbness of the upper extremities, and electric shock sensation in the hands, especially the right index finger. The physical exam revealed he is able to walk slowly without the cane; he pushes off slowly and rolls to the side, and heel and toe standing with difficulty. The cervical spine and upper extremities exam revealed slow neck and head movement, well-healed left neck scars, moderately decreased range of motion, and right grip strength 76/74/70 and left grip strength 62/60/60. The lower back and lower extremities exam revealed tenderness, tightness, and muscle spasm; well-healed scars in three areas, slow movement, moderately decreased lumbar range of motion, positive bilateral straight leg raise at 60 degrees, decreased sensation laterally, and decreased deep tendon reflexes of the bilateral lower extremities. On February 12, 2015, Utilization Review modified a prescription for Duragesic patch 25mcg #10, one patch every 72 hours, noting the modification

was for the purpose of tapering the total opioid dose to at or below 120MED or to cessation if possible over three months to achieve wean. The California Medical Treatment Utilization Schedule (MTUS was cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Duragesic patch 25 mcg #10, one patch every 72 hours: Upheld**

**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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Duragesic patch 25mcg one patch q72H #10 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 by the 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. In this case, the injured workers working diagnoses are status post multiple back surgeries with fusion and failed back syndrome; status post cervical surgery with fusion and disc replacement; and history spinal cord stimulator implantation and subsequent removal. The medical record contains 51 pages. The request for authorization is February 5, 2015. There is a single progress note in the medical record dated November 20, 2014. There are no medications listed in the progress note. There was a urine drug screen in the medical record that was positive for Oxycodone and Tramadol. There are no detailed pain assessments in the medical record. There were no risk assessments (for opiate use) in the medical record. There was no documentation of objective functional improvement. Consequently, absent clinical documentation with objective functional improvement in the active list of current medications, Duragesic patches 25mcg one patch q72H #10 is not medically necessary.