

Case Number:	CM15-0038572		
Date Assigned:	03/09/2015	Date of Injury:	09/13/2011
Decision Date:	04/10/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/02/2015

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 40-year-old male, who sustained an industrial injury on 09/13/2011. The diagnoses have included status post L4/5 fusion, spondylosis, severe low back pain, and depression. Noted treatments to date have included lumbar surgery, injections, Transcutaneous Electrical Nerve Stimulation Unit, and medications. Diagnostics to date have included CT lumbar spine on 12/29/2014, which showed anterior and posterior fusion surgery at L4-5 and no hardware failure seen. In a progress note dated 01/07/2015, the injured worker presented with complaints of mid back pain. The treating physician reported the injured worker's surgery is still healing and he should continue light exercise such as walking. Utilization Review determination on 02/02/2015 non-certified the request for Duragesic Patch 50mcg citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patch 50 MCG: Upheld

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

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 patches 50mcg 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 worker's working diagnoses are status post L4 - L5 discectomy and fusion March 31, 2014 and chronic low back pain. Documentation shows the injured worker was taking Duragesic and Percocet as far back as August 6, 2014. Duragesic was continued September 2014, October 2014, December 2014 through January 21, 2015. A urine drug screen was born October 1, 2014 that showed extraordinarily high levels of ethyl glucuronide (alcohol). The treating physician did not address this inconsistency in the urine drug screen. The documentation did not contain a risk assessment. Documentation did not contain detailed pain assessments. There was no documentation with objective functional improvement over the long-term course of Duragesic. Consequently, absent compelling clinical documentation with objective functional improvement to gauge the ongoing efficacy of Duragesic in the absence of a risk assessment and detailed pain assessments, Duragesic patches 50 mcg are not medically necessary.