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| Case Number: | CM15-0053569 | | |
| Date Assigned: | 03/27/2015 | Date of Injury: | 04/03/2001 |
| Decision Date: | 05/05/2015 | UR Denial Date: | 02/17/2015 |
| Priority: | Standard | Application Received: | 03/20/2015 |

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 67 year old male who sustained a work related injury April 3, 2001. According to a primary treating physician's progress report, dated January 28, 2015, the injured worker presented with complaints of neck and arm pain, 9/10 without medication and 3/10 with medication. The neck pain is described as constant and shooting to the bilateral upper extremities and associated with intermittent spasm. He is currently using Duragesic patch for persistent pain, Norco for breakthrough pain and Soma for spasm. He is in pain management and is performing home exercise. Diagnoses are chronic neck pain due to work related injury; radicular pain in bilateral extremities; s/p anterior fusion and laminectomy, 2003, and long-term usage of opioid pain medications. Treatment plan included continue current medication regime and return for visit in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 100mcg/transdermal patch, apply one patch every 2 days, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Duragesic, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Duragesic. The request is not medically necessary.