

Case Number:	CM15-0057659		
Date Assigned:	04/02/2015	Date of Injury:	03/17/2009
Decision Date:	05/08/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/26/2015

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, Hawaii
 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 48 year old female, who sustained an industrial injury on March 17, 2009. She reported left hand pain, neck pain, left shoulder pain and low back pain. The injured worker was diagnosed as having depression, bilateral carpal tunnel syndrome, left shoulder rotator cuff tear, adhesive capsulitis of the shoulder, lumbar facet pain and left hand, wrist and arm strains. Treatment to date has included radiographic imaging, diagnostic studies, left shoulder surgical interventions, physical therapy, pain injections, a TENS unit, cervical traction, medications and work restrictions. Currently, the injured worker complains of anxiety, depression, left hand pain, neck pain, left shoulder pain and low back pain. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. It was noted she developed depression secondary to the chronic pain. Evaluation on January 14, 2015, revealed continued pain. Duragesic was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 50mcg, #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the left hand, neck, left shoulder and low back. The current request is for Duragesic 50mcg, #15. The treating physician report dated 1/14/15 (115C) states, "She recognizes that she is taking quite a bit of medication but does find them to be helpful and does not know how else to manage her pain symptoms." The report goes on to state, "she has some benefit from her medications." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been using a Duragesic patch since at least 12/4/13. The report dated 12/19/14 (266C) notes that the patient's pain is 8/10 while on current medication. No adverse effects or adverse behavior were discussed by the patient. A QME report dated 3/8/15 notes that the patient has not returned to work. The patient's last urine drug screen was not available for review and there is no evidence provided that shows the physician has a signed pain agreement or cures report on file. In this case, all four of the required A's are not addressed and functional improvement has not been documented. Recommendation is for denial. The request is not medically necessary.