MAXIMUS Federal Services

Case Number:	CM13-0038752		
Date Assigned:	12/18/2013	Date of Injury:	05/15/1993
Decision Date:	02/06/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California, Ohio and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented 68-year-old who has filed a claim for chronic neck, shoulder, and right arm pain reportedly associated with an industrial injury of May 15, 1993. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; long and short acting opioids; prior cervical spine surgery; a spinal cord stimulator implantation; and subsequent removal of the spinal cord stimulator. The applicant has also filed a claim for derivative depression, it is noted, along with derivative narcolepsy. The applicant has retired from his former employment, it has further been suggested. In a utilization review report of September 12, 2013, the claims administrator denied a request for Duragesic 25 mcg, citing the fact that teleconference attempts with the attending provider were unsuccessful. Several non-MTUS references were cited by the Florida-licensed Reviewer, including the Physician's Drug Reference, ODG, and Goodman & Gillman's Pharmacological Basis of Therapeutics, 11th Edition. The applicant's attorney later appealed, on September 30, 2013. In a report of September 27, 2013 the attending provider also appealed the denial of Duragesic patches. The attending provider wrote that usage of the same diminishes the applicant's neck and upper extremity pain by 50% and facilitates the performance of activities of daily living, including self-care, dressing, and food preparation. It is stated that the applicant's urine drug screens have been consistent with prescribed medications and that he is on a pain contract. He is given refills of Duragesic, Norco, Klonopin, and Adderall.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Fentanyl Patch 25 mcg 10 (1 every 3 days) as for neck pain: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th Ed; ODG Worker's Compensation Drug Formulary, Monthly Prescribing Reference, Opiod Dose Calculator

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44 of 127.

Decision rationale: As noted on page 44 of the MTUS Chronic Pain Medical Treatment Guidelines, Duragesic or fentanyl is indicated in the management of chronic pain in those applicants who require continuous opioid analgesic for pain relief, which cannot be managed by other means. In this case, it has been seemingly been suggested that the provision of short-term opioids, including Norco, is insufficient to manage the applicant's pain. It does appear, moreover, that the applicant meets two to three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, he reports appropriate analgesia and improved performance of non-work activities of daily living as a result of ongoing opioid usage. The attending provider stated that the usage of opioids, including Duragesic and Norco, is resulting in reduction in pain scores by 50% and improved liability to perform non-work activities of daily living. While the applicant has not returned to work, he has apparently retired from his former place of employment. Thus, on balance, two to three criteria established on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have seemingly been met. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.