

Case Number:	CM14-0121360		
Date Assigned:	08/06/2014	Date of Injury:	08/09/2000
Decision Date:	10/14/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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/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 records, presented for review, indicate that this 58-year-old male was reportedly injured on 8/9/2000. The most recent progress note, dated 6/17/2014, indicated that there were ongoing complaints of chronic neck and low back pain that radiated into the bilateral lower extremities. The physical examination revealed the patient had a normal gait with normal heel/toe walk and a well healed anterior cervical incision. There were also positive tenderness to palpation of the cervical and lumbar spine bilaterally and decreased range of motion of the cervical and lumbar spine. Decreased sensation was also noted along the left upper extremity at the C5, C6 and C7 dermatomes. There was also decreased sensation along the left lower extremity at L4, L5 and S1 dermatomes. Muscle strength was 4+/5 bilateral upper/lower extremities. Hyperreflexes bilaterally noted throughout. No recent diagnostic studies are available for review. Previous treatment included cervical fusion, medications, and conservative treatment. A request had been made for Duragesic patch 25mcg #10 and was not certified in the pre-authorization process on 7/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURAGESIC 25MCG #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 93 of 127..

Decision rationale: MTUS guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Treatment guidelines specifically state fentanyl is "not recommended for musculoskeletal pain." Review of the available medical records fails to document improvement in pain or function with the current treatment regimen. Given the date of injury, clinical presentation and current diagnosis, this request is not considered medically necessary.