

Case Number:	CM14-0141410		
Date Assigned:	09/10/2014	Date of Injury:	07/03/2012
Decision Date:	10/10/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/02/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 47 year old female with a reported injury on 07/03/2012. The mechanism of injury was not provided. The injured worker's diagnoses included lumbar and cervical radiculitis, and irritable bowel syndrome. The injured worker's previous treatments included medications, acupuncture, and psychotherapy. The injured worker's previous diagnostic testing included an MRI of the lumbar spine on 06/17/2013 and MRIs of the left shoulder and cervical spine on 06/22/2013. No pertinent surgical history was provided. The first mention of Duragesic in the provided documentation was a refill on 04/10/2014. The injured worker rated her pain as 6-7/10 at that visit. Her cervical range of motion was measured at 2 fingerbreadths to chin of flexion and 40 degrees of extension. On 05/29/2014 the injured worker rated her pain as 6-7/10. The clinician reported a recent hospitalization where the injured worker was released with oral Dilaudid. On 06/20/2014 the clinician included both Lortab and Vicodin in the injured worker's current medication section. No strengths or dosing frequencies were provided. The injured worker was evaluated for neck pain with radiation to the bilateral shoulders and bilateral upper extremities down to the level of the hand and fingers including numbness, tingling, shooting and shocking sensations on 07/17/2014. She also complained of low back pain with radiation to the bilateral buttocks and bilateral lower extremities along the posterior and lateral thighs and down to the lateral aspect of the calves. She rated her pain as 6-7/10. She also reported irritable bowel with nausea, vomiting and diarrhea and occasionally had to stop oral medications in order not to exacerbate her gastrointestinal issues. She reported that she used Flexeril as needed for muscle spasms and it reduced her spasms. The clinician observed and reported focused examination findings. The injured worker's cervical spine paravertebral musculature was tender to palpation, showed decreased range of motion, and Spurling's sign was positive. The paravertebral

musculature of the thoracic spine was tender to palpation. The paravertebral musculature of the lumbar spine was tender to palpation, the straight leg raise was bilaterally positive, and range of motion was guarded and measured at 45 degrees of flexion, 20 degrees of extension, and 20 degrees of bilateral lateral bend. , the straight leg raise was bilaterally positive. Also documented that the "4A's okay". The treatment plan was to continue medications and a new gastrointestinal evaluation. The injured worker's medications included Duragesic 25 mcg patch, Hydrocodone/APAP 5/300 Q 4-6 hours as needed, Flexeril 5 mg three times per day as needed, Doxepin, Gabapentin, Zofran, Lomotil, Senekot S, Dilaudid and Valium. The request was for Duragesic Patch 25mcg #10 between 8/20/14 and 10/4/14. No rationale for this request was provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patch 25mcg #10 between 8/20/14 and 10/4/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic; Opioids Page(s): 44; 79.

Decision rationale: The injured worker complained of muscle spasms and neck and low back pain with radiation rated as 6-7/10. She also reported irritable bowel with nausea, vomiting and diarrhea. The MTUS Chronic Pain Guidelines do not recommend Duragesic as a first-line therapy and recommends discontinuation of opioids if there is no overall improvement in function, unless there are extenuating circumstances or there is continuing pain with evidence of intolerable adverse effects. The injured worker does have a diagnosis of irritable bowel syndrome which sometimes necessitates using a route other than oral for medications. However, the injured worker had been prescribed Duragesic since at least 04/10/2014 with no objective, quantifiable, documented improvements in pain control or functionality. Additionally, the request did not include a dosing frequency. Therefore, the request is not medically necessary.