

<b>Case Number:</b>	CM14-0146927		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/29/2003
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Family Medicine and is licensed to practice in California. 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:

63 yr. old male claimant sustained a work injury on 5/29/03 involving the low back. He was diagnosed with chronic lumbar pain and underwent L5-L6 laminectomy and fusion. A progress note on 9/11/14 indicated the claimant had 6/10 pain while on medication and 10/10 without medication. Exam findings were notable for paraspinal tenderness and reduced range of motion of the lumbar spine. The treating physician recommended physical therapy and continuation of his pain medications and muscle relaxants (Duragesic patches 5- mcg q2d, Hydromorphone 2 mg BID and Flexeril). He had been on that regimen of medication since at least March 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **60 Tablets of Hydromorphone 2mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-93.

**Decision rationale:** According to the MTUS guidelines, opioids are rarely beneficial for mechanical or compressive etiologies. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. In this case, there was no indication of failure of NSAIDs

or Tylenol. In addition, the claimant had been on Hydromorphone for months. A narcotic agreement was no noted to prevent abuse of controlled substances. The continued use of Hydromorphone is not medically necessary.

**15 Patches Duragesic 50mcg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Patches Page(s): 93.

**Decision rationale:** According to the MTUS guidelines, Duragesic patches are indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDS). In this case, there was no indication of failure of NSAIDs or Tylenol. In addition, the claimant had been on Duragesic for months. A narcotic agreement was no noted to prevent abuse of controlled substances. The continued use of Duragesic is not medically necessary.