

Case Number:	CM14-0162849		
Date Assigned:	10/08/2014	Date of Injury:	07/03/2012
Decision Date:	12/16/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/03/2014

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 Occupational 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:

The patient is a 47 year-old female with date of injury of 07/03/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/09/2014, lists subjective complaints as cervical pain and lumbar pain with radicular symptoms to the bilateral lower extremities. The PR-2 supplied for review was handwritten and barely legible. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles with guarded range of motion. Straight leg raising test was positive bilaterally. Examination of the cervical spine revealed tenderness to palpation of the paravertebral muscles with guarded range of motion. Spurling's sign was positive. Diagnosis: 1. Cervical strain/sprain 2. Cervical radiculopathy 3. Lumbar sprain/strain 4. Lumbar radiculopathy. Previous reviewer modified the request to a) Duragesic 25mcg, #5 and b) Hydrocodone/Acetaminophen 5/300mg, #75. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as six months. Medications: 1. Duragesic 25mcg, #10 SIG: every 72 hours 2. Hydrocodone/Acetaminophen 5/300mg, #150 SIG: every 4 to 6 hours as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 patches of Duragesic 25mcg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 86, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of Duragesic patches. According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. The patient is using Duragesic patches and taking hydrocodone. There is no documentation of functional improvement. 10 patches of Duragesic 25mcg is not medically necessary.

150 tablets of Hydrocodone / Acetaminophen 5/300 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 86, 124,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. 150 tablets of Hydrocodone / Acetaminophen 5/300 mg is not medically necessary.