

Case Number:	CM14-0180135		
Date Assigned:	11/04/2014	Date of Injury:	11/20/1996
Decision Date:	12/09/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/29/2014

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 Practice 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:

46 yr. old female claimant sustained a work injury on 11/20/96 involving the neck and upper extremities. She was diagnosed with cervical myofascial pain, cervical radiculopathy and chronic pain. She had been on Soma, Duragesic and Dilaudid for pain since at least January 2014. A progress note on 9/18/14 indicated the claimant had 4/10 pain. Exam findings were notable for trigger points in the cervical and lumbar region. Neurological exam was unremarkable. She was continued on Dilaudid, Duragesic, Soma and Cymbalta for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Dilaudid 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone, Opioids, Criteria for Use..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Dilaudid is a short-acting opioid. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on

Dilaudid along with other opioids for over 10 months. The continued use of Dilaudid is not medically necessary.

1 prescription Duragesic patch-25 25mcg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Transdermal, Criteria For Use Of Opioids, Weaning Of Medi.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic and Opioids Page(s): 114, 82-92.

Decision rationale: The FDA-approved product labeling states that Duragesic (Fentanyl) is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. According to the guidelines, it is not recommended as a first-line therapy. In this case, the claimant had been on Duragesic and Dilaudid for pain. The claimant had been on Duragesic for over 10 months with persistent pain and spasms. A pain medication agreement is not provided for long term use of Fentanyl. The continued use of Duragesic is not medically necessary.