

Case Number:	CM14-0096686		
Date Assigned:	07/23/2014	Date of Injury:	11/16/2000
Decision Date:	09/03/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/06/2014

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 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 79-year-old female was reportedly injured on November 16, 2000. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 9, 2014 indicated that there were ongoing complaints of spinal pain and a non-functioning spinal cord stimulator. The physical examination demonstrated decreased lumbar spine range of motion secondary to pain. There was a positive left-sided straight leg raise test and a normal distal neurological examination. The diagnostic imaging studies were not reviewed during this visit. The previous treatment included the use of a spinal cord stimulator. A request had been made for Duragesic and OxyContin IR and was not certified in the pre-authorization process on May 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Daragesic 10MG #10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Management of Chronic Pain Page(s): 44. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/duragesic.html>.

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

Decision rationale: The California MTUS guidelines supports the use of long acting opioids in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. According to the attached medical record, the injured employee's pain was managed with use of a spinal cord stimulator, but that apparently now has a dead battery. Considering this, the request for Duragesic 10 mg patches is medically necessary.

Oxy IR 5MG #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHO Step-wise algorithm Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: The California MTUS guidelines supports the use of long acting opioids in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. According to the attached medical record, the injured employee's pain was managed with use of a spinal cord stimulator but that apparently now has a dead battery. Considering this, the request for Oxy IR 5 mg tablets is medically necessary.