

Case Number:	CM14-0098326		
Date Assigned:	07/28/2014	Date of Injury:	09/23/2003
Decision Date:	09/19/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	06/26/2014

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 54-year-old male was injured on September 23, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 23, 2014, indicates that there are ongoing complaints of neck pain and low back pain that radiates the left lower extremity. Medications are stated to be able to help the injured employee participate in activities of daily living. The physical examination demonstrated tenderness at the cervical facets, as well as cervical spine paraspinal muscles and periscapular muscles. There was also decreased sensation noted at the lateral aspect of the left lateral and medial forearm as well as the thumb, index finger, and middle finger, and ulnar aspect of the left-hand. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy and home exercise. A request had been made for Duragesic patches and was not certified in the pre-authorization process on June 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patch 25mcg # 15: Upheld

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

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

Decision rationale: The California MTUS Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A review of the available medical records indicates that the injured employee is able to participate in activities of daily living with the use of medications. However there is no documented level of objective pain relief with a VAS score indicating pain relief. Furthermore this request is for an increase strength of Duragesic patches that was used in the past. This indicates tolerance and decreasing efficacy. Considering this, this request for Duragesic patches 25g is not medically necessary.