

Case Number:	CM15-0013118		
Date Assigned:	01/30/2015	Date of Injury:	02/04/2003
Decision Date:	06/25/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 injured worker is a 55 year old male, who sustained an industrial injury on 2/4/03. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy, lumbosacral radiculitis, lumbosacral sprain and lumbago. Treatment to date has included oral medications including Norco and topical medications including Duragesic patch, intramuscular injection and home exercise program. Currently, the injured worker complains of low back pain relieved for 12 hours following Toradol injection and he has increased his intake of Norco and self-discontinued Duragesic. Physical exam noted restricted lumbar range of motion, paraspinal spasm and left paralumbar trigger point. The treatment plan included resuming Duragesic 50mcg, Norco one daily as needed, Clonidine refill and request for acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 50mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 47.

Decision rationale: According to the guidelines, Duragesic is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that 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. In this case, the claimant had been on increasing Hydrocodone for pain. Weaning attempt of Duragesic resulted in increasing pain. However, pain scores were not routinely noted indicating objective response. Failure of tricyclics and long acting oral opioids was not noted. Continued use of Duragesic is not justified through objective measures and is not medically necessary.