

Case Number:	CM15-0175126		
Date Assigned:	09/16/2015	Date of Injury:	10/02/2010
Decision Date:	10/16/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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: New Jersey
 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 43 year old male, who sustained an industrial-work injury on 10-2-10. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain and sprain, lumbar radiculitis and radiculopathy of the lower extremities, chronic pain, and sacroiliitis of the right sacroiliac joint. Medical records dated (4-23-15 to 7-22-15) indicate that the injured worker complains of worsening lumbar pain with severe numbness and tingling in the legs, muscle spasms and limited range of motion of the lumbar spine. There is weakness and pain down the legs with numbness and tingling, which have caused him to fall previously. The medical record dated 6-24-15 indicates that the pain is rated 8-9 out of 10 on the pain scale with flare-ups. The medical record dated 7-22-15 the physician indicates that the injured worker's pain is worsening and he is having severe muscle spasms and the pain is rated 9 out of 10 most of the time and worse than the last exam. The medical records also indicate worsening of the activities of daily living due to the low back pain and with any activities. Per the treating physician report dated 2-14-13 the injured worker is permanent and stationary with restrictions. The physical exam dated 7-22-15 reveals there is limited lumbar range of motion as well as weakness along with tingling and numbness in both legs is progressive as the injured worker complains of experiencing severity of these symptoms with climbing stairs, long walks, daily activities of daily living (ADL) and performing home exercise program (HEP). Radiculopathy of the lower extremities is consistent with L4, L5 and S1 dermatomal pattern. The physician indicated that the injured worker is a chronic pain patient and narcotic dependent. Treatment to date has included pain medication including Norco, Duragesic patch since at least

6-24-15, lumbar injections, urine drug screens, physical therapy, home exercise program (HEP) and other modalities. The urine drug test result dated 2-25-15; 6-22-15 and 7-21-15 were inconsistent with the medication prescribed. The original Utilization review dated 8-6-15 modified a request for Duragesic patch 50mcg #10 modified to Duragesic patch 50mcg #5 as there is no documentation of objective functional improvement with treatment, or improved pain levels therefore modified to avoid abrupt cessation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch 50mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was not sufficient enough evidence from the documentation provided from recent notes to suggest this full review was performed regarding Duragesic patches, which were prescribed to the worker chronically leading up to this request. There was no specific report of functional gains and pain reduction (measurable) directly and independently related to the Duragesic patches. Therefore, due to this and also to inconsistent drug testing, the Duragesic will be considered medically unnecessary. Weaning may be indicated.