

Case Number:	CM15-0068048		
Date Assigned:	04/15/2015	Date of Injury:	07/01/2009
Decision Date:	05/14/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/10/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male, who sustained an industrial injury on July 1, 2009. The injured worker has been treated for neck, bilateral shoulders and low back complaints. The diagnoses have included pain in soft tissue of limb, reflex sympathetic dystrophy of the right upper extremity, left carpal tunnel syndrome and chronic pain syndrome. Treatment to date has included medications, radiological studies, psychiatric evaluation, electrodiagnostic studies, physical therapy, a home exercise program, right shoulder surgery and a left carpal tunnel release. Current documentation dated March 17, 2015 notes that the injured worker reported constant pain in the right shoulder pain with radiation to the neck and head. The injured worker reported that his current medications are effective in decreasing the pain to a six out of ten on the visual analogue scale. Physical examination of the right shoulder revealed absent reflexes in the biceps, triceps and brachioradialis on the right. An impingement test was negative bilaterally. The injured worker reported that using Duragesic patches for pain has been effective, but he was experiencing more drowsiness. The treating physician's plan of care included a request for Duragesic Patches 12 mcg/hour # 15 for pain. A progress report dated April 14, 2015 indicates that the patient stated that Duragesic patches caused "nausea, vomiting, lethargy, forgetfulness, and difficulty speaking."

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch 12mcg/hr quantity 15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20- 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Duragesic, California Pain, Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). Additionally, it appears the patient is having numerous side effects from this medication. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Duragesic is not medically necessary.