

Case Number:	CM15-0077381		
Date Assigned:	04/28/2015	Date of Injury:	04/19/2002
Decision Date:	06/01/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/23/2015

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: Massachusetts 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 56-year-old female who sustained an industrial injury on 04/19/02. Initial complaints and diagnoses are not available. Treatments to date include medications, bilateral carpal tunnel releases, and a TENS unit. Diagnostic studies are not addressed. Current complaints include sever back pain, muscle spasm, tingling and cramps in her hands. Current diagnoses include cervical sprain/strain with underlying spondylitis changes with multiple disk herniations with cord compression and cervicogenic headaches, persisting neck and shoulder girdle spasms; major depression and panic disorder, gastroesophageal reflux disease, constipation, chronic back pain with lumbar degenerative disk disease, neurogenic bladder and urinary retention symptoms. In a progress note dated 02/25/15 the treating provider reports the plan of care as medications including Duragesic patch, Norco, clonazepam, Lexapro, and Abilify. The requested treatments are Norco/Duragesic patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco/Duragesic patches: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids - Short-acting/Long-acting opioids; Opioids criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1)

Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic pain. When seen, medications are referenced as decreasing pain from 10/10 to 4/10. There was decreased cervical and right shoulder range of motion with positive Tinel and Phalen testing and decreased right upper extremity sensation. Medications include Duragesic and Norco being prescribed at a total MED (morphine equivalent dose) of 240 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is 2 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, this request was not medically necessary.