

Case Number:	CM15-0099454		
Date Assigned:	06/01/2015	Date of Injury:	06/06/1996
Decision Date:	07/07/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/22/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 58 year old male with an industrial injury dated 6/06/1996. The injured worker's diagnoses include chronic pain syndrome, cervical post-laminectomy syndrome, degeneration of lumbar intervertebral disc, and undifferentiated somatoform disorder. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/03/2015, the injured worker reported chronic pain that is well controlled with current medication regimen. The injured worker denied side effects from medications. The treating physician reported that the medications reduce his symptoms by more 50%. Physical exam revealed wide based gait. The treating physician prescribed Duragesic 25mcg patch #15 applies one patch every 48 hours, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 25mcg patch #15 apply 1 patch every 48 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-91 and 124; 21 and 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 58 year old female has complained of neck pain and lower back pain since date of injury 6/6/96. He has been treated with surgery, physical therapy and medications to include opioids since at least 08/2014. The current request is for Duragesic 25 mcg patch. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Duragesic 25 mcg patch is not indicated as medically necessary.