

Case Number:	CM13-0003372		
Date Assigned:	07/02/2014	Date of Injury:	06/04/1996
Decision Date:	08/08/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	07/25/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic bilateral knee pain reportedly associated with an industrial injury of June 4, 1996. Thus far, the applicant has been treated with analgesic medications; a wheelchair; a walker; opioid therapy; and anxiolytic therapy. In a utilization review report dated July 18, 2013, the claims administrator approved a request for Duragesic while partially certifying Norco, reportedly for weaning purposes. In a March 28, 2012 progress note, the applicant was described as having persistent complaints of pain, 4-5/10. The applicant was using Duragesic, Norco, Prozac, Catapres, Ativan, and Spiriva; it was stated, at that point in time. Duragesic, Norco, and Elavil were renewed. The applicant's work status was not provided. On October 17, 2013, the applicant was described as having persistent complaints of bilateral knee and hip pain. The applicant stated that she was having 10/10 pain with medications and 6-7/10 without medications. The applicant continues to use a walker at home. The attending provider posited that the applicant's ability to walk around the home was improved as a result of ongoing medication therapy. The applicant was described as status post multiple non-industrial hip and shoulder surgeries. The applicant was using Norco, Prozac, Duragesic, Spiriva, aspirin, and Zestril. The attending provider stated that the applicant's ability to perform self-care and personal hygiene was improved with ongoing medication therapy. Duragesic and Norco were refilled. The applicant's work status was not clearly provided, although it did not appear that the applicant is working. It was not clearly stated whether this was a function of the applicant's age (71) or a function of the industrial injury. In a June 18, 2013 progress note, the applicant again reported 6/10 pain with medications and 10/10 pain without medications. The applicant stated that ongoing usage of Duragesic, Norco, and Elavil was improving her ability to ambulate. The applicant stated that she has started biking every other day and was trying to bike up to a mile at

a time. It was again stated that the applicant's ability ambulate and perform self-care and personal hygiene was ameliorated as a result of ongoing medication usage, including ongoing opioid therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURAGESIC 50 MCG, # 10: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while the applicant has failed to return to work, this could, in part, be a function of the applicant's age (71). The applicant's ability to ambulate and perform home exercises, including biking, has reportedly been ameliorated as a result of ongoing opioid therapy, it has been posited by the attending provider. The applicant is performing home exercises every other day, it was suggested. The applicant does report appropriate reductions in pain levels from 10/10 to 6/10 with ongoing opioid therapy. Therefore, the request for Duragesic is medically necessary.

NORCO 10/325, # 150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while the applicant has failed to return to work, this likely represents a function of the applicant's age (71) as opposed to issues associated with pain and/or the industrial injury. The attending provider has established that ongoing opioid therapy has reduced the applicant's pain levels from 10/10 to 6/10 and that ongoing usage of opioids has ameliorated the applicant's ability to ambulate, use a bike, and perform home exercises. Therefore, the request for Norco is medically necessary.