

Case Number:	CM13-0020326		
Date Assigned:	06/06/2014	Date of Injury:	01/23/1998
Decision Date:	07/29/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/05/2013

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 Physical Medicine and Rehabilitation, 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 injured worker is a 68-year-old male who reported an injury on /23/1998, caused by moving some boxes of glass on a pallet. On 05/18/1999, the injured worker underwent an MRI that revealed a grade I spondylosis at L5-S1, with bilateral spondylosis of the pars interarticularis. It was noted there was also mild disc desiccation at L4-5, 4-5 superior disc extrusion medially and to the left midline, which minimally indented the thecal sac without evidence of canal or foraminal stenosis. On 08/08/2013, the injured worker underwent a urine drug test screening, which was negative for Oxycodone but was positive for Cannabinoid. On 12/18/2013, the injured worker was seen and it was recommended that the injured worker reduce his pain medications to include the Duragesic patch down to 11 patches, rather than reducing the strength. It was noted that the injured worker denied the use of Hydrocodone. It was noted that the injured worker stated that he was quite frustrated and wonders if he was going to lose it, so to speak, if he was without his medications. On the physical examination revealed chronic low back pain, facet more likely than discal, with radicular component. The injured worker's medications included Duragesic Patch 75mcg, Hydrocodone 10/325 mg, Diclofenac Sodium ER 100 mg and Sennosides/Docusate 8.6 mg. There was a lack of documentation of the VAS measurements conservative care such as, physical therapy and pain management noted for the injured worker. The diagnoses included lumbar strain/sprain; spondylolisthesis, grade II; lumbosacral radiculopathy; facet syndrome; low back pain; and chronic pain syndrome. The treatment plan included for a decision for Duragesic 75 mcg #15, and Hydrocodone 10/325 mg #90. The request was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 75mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DURAGESIC AND FENTANYL Page(s): 44, 47.

Decision rationale: The request for the Duragesic 75 mcg #15 is non-certified. The Chronic Pain Medical Treatment Guidelines does not recommend Duragesic Patches as a first-line therapy. Duragesic is a trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opiate, slowly through the skin. The FDA-approved product states that Duragesic is indicated in the management of chronic pain in patients who require continuous opiate analgesics for pain that cannot be managed by other means. The guidelines also states that fentanyl is an opiate analgesic with a potency 80 times that of morphine. Weaker opiates are less likely to produce adverse effects than stronger opioids such as fentanyl. On 12/18/2013, it was noted that the injured worker was being directed to be tapered off his medications. It was noted that the injured worker should be tapered down off the Duragesic rather than cutting down the number of patches that were given to him. The injured worker's diagnoses included lumbar strain/sprain, spondylolisthesis grade II, lumbosacral radiculopathy, facet syndrome, low back pain, and chronic pain syndrome. The request did not indicate the frequency or location where the Duragesic 75MCG #15 should be used on the injured worker. In addition, on 12/18/2013, there was a lack of evidence of the injured worker's conservative care measures such as pain medication management and home exercise regimen and physical therapy outcome measurements. Given the above, the request for Duragesic 75 mcg #15 is non-certified.

Hydrocodone 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 78.

Decision rationale: The request for Hydrocodone 10/325 mg #90 is non-certified. The Chronic Treatment Guidelines (MTUS) recommend continued use of an opiate for treatment of moderate to severe pain, with documented objective evidence of functional benefit. The guidelines states that the criteria for using ongoing management of opiates include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the pain assessment should include current pain level; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The guidelines also state that the 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opiates, pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There was a lack of

documentation using the VAS scale to measure the injured worker's pain level and duration of pain while taking the opiate or functional improvement. In addition, the request did not include the frequency of the Hydrocodone 10/325 mg #90. In addition, the drug screen submitted for the injured worker on 08/08/2013 that was negative for Oxycodone but positive for Cannabinoid. Given the above, the request for Hydrocodone 10/325mg # 90 non-certified.