

Case Number:	CM13-0049176		
Date Assigned:	12/27/2013	Date of Injury:	05/17/1994
Decision Date:	03/17/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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 physician 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 patient is a 74-year-old male who sustained a work-related injury on 5/17/94. He underwent amputation below the knee in 2010, and a second amputation above the knee in 2012. Subjective findings include stump pain in area of surgery with breakdown of tissue, neuroma formation at right stump, and compensatory pain and edema in the left ankle. Objective findings include neuropathic pain, and current diagnoses include traumatic arthritis, neuropathic pain, and edema. Treatment to date has included medications, including Duragesic since at least 3/5/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 15 Duragesic DIS 75mcg/hour: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines; and the FDA.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that Duragesic can be identified as medically necessary with documentation of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. Duragesic is not recommended as first-line therapy. The Official Disability Guidelines identify that

Duragesic is not for use in routine musculoskeletal pain. The FDA states that Duragesic can be recommended with documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; if the patient is already receiving opioid therapy, has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic®25 mcg/h; and if no contraindications exist. The medical information available for review gives diagnoses of traumatic arthritis, neuropathic pain, and edema. However, there is no documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and that cannot be managed by other means; that the patient is already receiving opioid therapy, has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic®25 mcg/h; and that no contraindications exist. Therefore, based on guidelines and a review of the evidence, the request for Duragesic is not medically necessary.