

Case Number:	CM13-0064359		
Date Assigned:	01/03/2014	Date of Injury:	04/25/2007
Decision Date:	05/09/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/11/2013

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:

According to the records made available for review, this is a 33-year-old male with a 4/25/07 date of injury. At the time (11/18/13) of the request for authorization for Norco 10/325mg #120 with 3 refills and Duragesic 15 mcg, with 2 refills, there is documentation of subjective pain in the low back, more on the left than right side, radiating into the inguinal regions, bilaterally but more to the right and objective decreased tenderness over the dorsal aspect of the radio carpal joints bilaterally, with less swelling, improved range of motion by about 20% for each joint. Straight leg raising is positive on the left, lumbar flexion is minimally painful, hip twisting is more painful on left than right findings. Current diagnoses are low back pain, neck pain, headache, thoracic pain, knee joint pain, elbow pain, wrist pain, chronic pain, and constipation and treatment to date has been medication including Norco and Duragesic for at least 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #120 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of low back pain, neck pain, headache, thoracic pain, knee joint pain, elbow pain, wrist pain, chronic pain, and constipation not elsewhere classified. In addition, there is documentation of treatment with Norco for at least 3 months. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #120 with 3 refills is not medically necessary.

DURAGESIC 15 MCG, WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22; 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duragesic and Fentanyl

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, as criteria necessary to support the medical necessity of Duragesic. MTUS Chronic Pain Medical Treatment Guidelines identifies that Duragesic is not recommended as first-line therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation that Duragesic is not for use in routine musculoskeletal pain. FDA identifies 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; 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 no contraindications exist, as criteria necessary to support the medical necessity of Duragesic patch. Within the medical information available for review, there is documentation of diagnoses of low back pain, neck pain, headache, thoracic pain, knee joint pain, elbow pain, wrist pain, chronic pain, and constipation not elsewhere classified. In addition, there is documentation that the patient is already receiving opioid therapy and treatment with Duragesic for at least 3 months. However, there is no documentation that the patient requires

continuous opioid analgesia for pain that cannot be managed by other means. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Duragesic. Furthermore, there is no documentation of opioid tolerance; the patient requires a total daily dose at least equivalent to Duragesic® 25 mcg/h; and no contraindications exist. Based on guidelines and a review of the evidence, the request for Duragesic 15 mcg, with 2 refills is not medically necessary.