MAXIMUS Federal Services

Case Number:	CM13-0069476		
Date Assigned:	01/03/2014	Date of Injury:	11/26/1999
Decision Date:	05/30/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/23/2013

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 has a subspecialty in Pain 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 patient is a 46 year old female who was injured on 11/26/1999 while she was involved in an auto accident at her job. Prior treatment history has included aquatic therapy and steroid injections. The patient is status post knee surgeries, one on the right and two on the left. Dates are unavailable. Progress note dated 11/11/2013 documented the patient with complaints of increased pain in the left hand with numbness and weakness. There is also pain in the neck, left shoulder and arm, and bilateral knees and lower back. It radiates down the left arm to the hand. She rates it 8/10 at its worst in the past week. At its best last week at 6/10 and average throughout the past week 7/10 (essentially unchanged since 03/08/2013). Her functional status is as follows: walking 10/10, sitting 0/10, getting off chair/off the toilet 5/10, chores/housework 10/10, personal care 8/10, leisure activities 8/10, driving 8/10, and work 10/10. Current medications (unchanged since 03/08/2013 office visit): 1. Duragesic 100 mcg patch 2. Lidoderm 5% patch 3. MS Contin 100 mg 4. Oxycodone-acetaminophen 10-325 mg 5. Terocin lotion 6. Lisinopril 20 mg

IMR ISSUES, DECISIONS AND RATIONALES

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

DURAGESIC 100 MG #10, APPLY ONE (1) PATCH TO SKIN EVERY DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Transdermal(DuragesicÂ®, generic available)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, DuragesicÂ® (Fentanyl Transdermal System), Page(s): 74-96,44.

Decision rationale: The CA MTUS guidelines state Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl transdermal (DuragesicÂ®; generic available) is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDS). DuragesicÂ® should only be used in patients who are currently on opioid therapy for which tolerance has developed. Analgesic dose: The previous opioid therapy for which tolerance has occurred should be at least equivalent to fentanyl 25mcg/h. Patches are worn for a 72 hour period. The MED dosage exceeds CA MTUS recommendation of maximum 120 mg morphine daily equivalent dose. The medical records do not establish the patient requires around-the-clock opioid therapy and that opioid tolerance had developed equivalent to Fentanyl 25 MCG/H. In addition, the medical records do not establish this patient obtained clinically significant pain relief despite medications. In the absence of documented pain relief, opioids should not be continued. It is clear that the 4 A's have not been met. Furthermore, the medical records do not establish non-opioid analgesics are not sufficiently appropriate to address this patient's moderate level pain complaints. The request for Duragesic 100mg is not medically necessary.

MS CONTIN 100 MG #60, TAKE ONE (1) TAB TWO TIMES PER DAY (BID): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Long-acting opioids: also known as "controlled-release", "extended-release", "sustained-release "or "long-acting" opioids, are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. Long-acting opioids include: Morphine (MSContinÂ®, Oramorph SRÂ®, KadianÂ®, AvinzaÂ®), Oxycodone (OxycontinÂ®), Fentanyl (Duragesic PatchÂ®), Hydromorphone (PalladoneÂ®). Ongoing management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records do not establish that this patient requires long-acting opioids. There are no details regarding overall situation with regard to non-opioid and non-pharmacologic means of pain control. The medical records do not establish this patient has obtained overall improvement in function or returned to work. The clinical findings do not support the need for around-the-clock analgesia. Additionally, the MED dosage exceeds CA MTUS recommendation of maximum 120 mg morphine daily equivalent dose. The medical records do not establish the patient requires around-the-clock opioid therapy,therefore the request for MS Contin 100mg is not medically necessary.

PERCOCET 10/325 MC #90, TAKE ONE (1) TAB BY MOUTH (PO) EVERY EIGHT (8) HOURS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen(PercocetÂ®, generic available)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use, Opioids, Dosing Page(s): 75, 76-80, 86-87..

Decision rationale: According to the CA MTUS guidelines, Percocet "opioid short acting" in chronic back pain is recommended for short-term pain relief, the long-term efficacy is unclear (>16 weeks), but also appears limited. The medical records document the patient had complained of left shoulder pain with hand pain and numbness. In the absence of documented pain relief, opioids should not be continued. Furthermore, the medical records do not establish non-opioid analgesics are not sufficiently appropriate to address this patient's pain complaints. The medical records do not establish the patient has returned to work or that she has obtained clinically significant improved functioning and pain as a result of her continued opioid use. In the absence of documented significant improvement of pain and function on the requested medication, the request for Percocet 10/325mc is not medically necessary.