

Case Number:	CM14-0009806		
Date Assigned:	02/21/2014	Date of Injury:	08/16/2006
Decision Date:	08/05/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This 59 year old patient has a date of njury on 8/16/2006. The mechanism of injury was being crushed by equipment while operating. On a progress note dated 1/27/2014, the patient reported feeling frustrated, hopeless and helpless. He also reported feeling tired and fatigued most of the time. On a physical exam dated 12/3/2013, the patient is alert, oriented, and has limited range of motion in knees and end ranges. He has 80 degree flexion and 10 degree extension of back and is tender palpation in lumbar spinous processes. The diagnostic impression Included lumbago, displacement lumbar disc with-out myelopathy. The treatment to date is medication management and behavioral modification. The guidelines do not recommend long-term use of opioids and continued use is not recommended unless there is documented evidence of objective pain and functional improvement. Tapering is recommended instead of weaning due to withdrawal risks. Documentation revealed that tapering did not occur, as the patient was treated with Roxicodone #90 since at least Feb 2013. Documentation also noted that the patient was to taper medications and Duragesc was beneficial in managing pain. Regarding Tegaderm, the California MTUS, including American College of Occupational and Environmental Medicine (ACOEM), Official Disability Guidelines (ODG) and national guidelines clearinghouse do not provide recommendations regarding the use of Tegaderm patch to assist in conjunction with Duragesic patch; therefore, alternate guidelines were consulted. The guidelines sought note that for requested goods or services that are in common usage may be medically necessary and appropriate if it is entirely consistent with the diagnosis of medical condition, is likely to produce benefit for the patient, and is consistent with contemporary standards of care. This patient is a candidate for Tegaderm, as Tegaderm is consistent with contemporary standards of care, is consistent with the medical conditions, and will produce benefit for the patient. Documentation

provided revealed that Duragesic was beneficial and was certified as noted above, and Tegaderm was beneficial in adhering it to the skin. Therefore, Tegaderm appears medically appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION ROXICODONE 30MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81. Decision based on Non-MTUS Citation <http://agencymeddirectors.wa.gov/mobile.html>.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On a progress note dated 12/3/2013, the patient continues to report not much has changed but that the Duragesic patch helps to control pain. Other than Duragesic, there was no documentation of functional improvement or continued analgesia from other medications in the patient's current regimen. Furthermore, the morphine equivalent dose (MED) of fentanyl and roxicodone combined would be 315, which far exceeds the recommended maximum recommended daily dose of 200. The patients that exceed this recommended dose are at risk for respiratory depression, seizures, and muscles spasms. Lastly, there was no evidence of CURES monitoring, pain contract, or urine drugs screens performed. Therefore, the request for Roxicodone 30 mg #90 was not medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION FOR TAGADERM FOR PATCH PROTECTION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.fda.gov/downloads/Drugs/DrugSafety/ucm088584.pdf>.

Decision rationale: The CA MTUS and the ODG do not address this issue. Per the FDA, Tegaderm patches are used to assist in conjunction with the Duragesic patch; therefore, alternate guidelines were consulted. The guidelines sought mention that if one has problems with the patch sticking, they may cover the patch with Tegaderm. On a progress note dated 12/3/2013, the patient revealed that Duragesic patch was beneficial in analgesia, and Tegaderm was beneficial in adhering it to the skin. From the documentation provided, the request is for 16 Tegaderm patches. Therefore, the request for only 1 prescription Tegaderm patch protection was medically necessary.

