MAXIMUS Federal Services

Case Number:	CM14-0012965		
Date Assigned:	02/24/2014	Date of Injury:	09/17/1996
Decision Date:	06/26/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/31/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 09/17/1996 secondary to an unknown mechanism of injury. Diagnoses include generalized degenerative disc disease with bilateral neural foraminal narrowing bilaterally, right lumbar radiculitis, and lumbar strain with myofascial pain. His current medications were noted to include Duragesic 50 mcg, 1 patch to the skin every 2 to 3 days, as well as Tylenol No. 4 every 12 hours. According to the documentation submitted for review, the injured worker used both of these medications since at least 01/22/2013. The injured worker was evaluated on 01/07/2014 and reported low back pain and right lumbar radicular symptoms. It was noted that his Duragesic and Tylenol, when taken in combination, were effective for him. On physical examination, he was noted to have decreased lumbar range of motion and tenderness to palpation in the lumbar paraspinal and iliolumbar regions. He was also noted to have a positive sciatic stretch test with normal reflexes and strength. The injured worker was recommended for a renewal prescription of Duragesic and Tylenol as well as a home exercise program and weight loss. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

TYLENOL #4 ONE PO Q12H #60 WITH THREE REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, CRITERIA FOR USE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Tylenol No. 4 one every 12 hours #60 with 3 refills is non-certified. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the medical records submitted for review, the injured worker has used Tylenol No. 4 since at least 01/22/2013. The clinical note on 01/07/2014 stated that Tylenol No. 4 taken in combination with Duragesic is "effective." There was a lack of recent documented evidence to indicate quantifiable pain relief and objective functional improvement with the injured worker's use of Tylenol No. 4. Therefore, it cannot be determined that the injured worker would benefit significantly from the continued use of Tylenol No. 4. The medical records submitted for review also failed to provide a urine drug screen to monitor for appropriate medication use. Furthermore, the request as written is for 3 refills, which does not allow for timely reassessment of medication efficacy. As such, the request for Tylenol No. 4 one every 12 hours #60 with 3 refills is not medically necessary and appropriate.

DURAGESIC 50 MCG, ONE PATCH TO SKIN EVERY TWO TO THREE DAYS #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, CRITERIA FOR USE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use, Opioids, specific drug list, page 93.

Decision rationale: The request for Duragesic 50 mcg, one patch to skin every 2 to 3 days #15 is non-certified. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the documentation submitted for review, the injured worker has used Duragesic since at least 01/22/2013. According to the clinical note dated 01/07/2014, the injured worker reported that Duragesic in combination with Tylenol No. 4 is "effective for him." There is a lack of recently documented evidence of quantifiable pain relief and objective functional improvement with the injured worker's use of Duragesic. Therefore, it cannot be determined that the injured worker would benefit significantly from the continued use of Duragesic. The documentation submitted for review also fails to provide a urine drug screen to monitor for appropriate medication use. Furthermore, the guidelines state that Duragesic should only be used in injured workers who are currently on opioid therapy for which tolerance has developed. These guidelines state that Duragesic is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. There is a lack of documentation to indicate that the injured worker developed a tolerance to Tylenol No. 4. There is also no recent

documentation of pain severity. Therefore, it cannot be determined that his current pain presentation warrants around-the-clock opioid therapy. There are no exceptional factors documented to indicate the necessity of continuous opioid therapy in addition to the opioid already prescribed. In the absence of documentation of pain severity, quantifiable pain relief, objective functional improvement, and exceptional factors requiring around-the-clock opioid therapy, the necessity of continued Duragesic use has not been established. As such, the request for Duragesic 50 mcg patch #15 is not medically necessary and appropriate.