

Case Number:	CM14-0116975		
Date Assigned:	08/04/2014	Date of Injury:	10/13/2003
Decision Date:	09/10/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/24/2014

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 Family 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:

56 years old male claimant sustained a work injury on 10/13/03 involving the right knee. An MRI on 3/15/12 showed cortical destruction of the posterior medial femoral metadiaphysis and patellofemoral degenerative changes. A progress note on 12/4/13 indicated he had 9/10 pain in the right knee with associated leg numbness. Physical findings were notable for reduced flexion of the right knee and tenderness to palpation in the joint line. He was treated with Oxycodone 10 mg every 6 hours, Fentanyl 75 mcg patch every 3 days and Norco 20 mg tablets every 8 hours. A progress note on 5/21/14 indicated the claimant had 8/10 pain. An antalgic gait was noted. A knee exam was not performed. The claimant was continued on the same analgesics over the past 5 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 75 Mcg patch #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic and Opioids Page(s): 44, 82-92.

Decision rationale: According to the MTUS guidelines, the FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. It is not recommended as a first-line therapy. The claimant had been on Hydrocodone and Oxycodone for pain. No one opioid is superior to another. The total dose of opioids exceeds the 120 mg morphine equivalent recommended by the guidelines. As a result of the above, the use of Fentanyl 75 Mcg patch #10 is not medically necessary and appropriate.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for months without significant improvement in pain or function. The claimant had been on Fentanyl and Oxycodone for pain. No one opioid is superior to another. The total dose of opioids exceeds the 120 mg morphine equivalent recommended by the guidelines. Therefore, the request for Norco 10/325mg #180 is not medically necessary and appropriate.

Oxycodone 10mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Oxycodone for months without significant improvement in pain or function. The claimant had been on Fentanyl and Hydrocodone for pain. No one opioid is superior to another. The total dose of opioids exceeds the 120 mg morphine equivalent recommended by the guidelines. Therefore, the request for Oxycodone 10mg #180 is not medically necessary and appropriate.