

Case Number:	CM14-0118077		
Date Assigned:	08/06/2014	Date of Injury:	08/01/2005
Decision Date:	10/03/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/25/2014

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 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:

This 63 year old patient had a date of injury on 8/1/2005. The mechanism of injury was not noted. In a progress noted dated 4/17/2014, subjective findings included bilateral upper extremity pain and bilateral knee pain, which has remain unchanged since the last visit. No new problems or side effects, and quality of sleep is poor. On a physical exam dated 4/17/2014, objective findings included examination is unchanged from previous visit. Diagnostic impression shows mood disorder, shoulder pain, extremity pain. Treatment to date: medication therapy, behavioral modification, s/p left elbow ulnar transposition surgery on 10/16/2013, physical therapy A UR decision dated 7/3/2014 denied the request for (all DOS 4/17/2014) Duragesic 100mcg/hr patch #15, stating no documentation of functional improvement noted with this medication. Tegaderm HP dressing 4x4 by 3x4 #90 was denied, stating there would be no use for this patch since Duragesic is denied. Wellbutrin XL 150mg #180 was denied, stating no documentation of any 1st line medication tried prior to Wellbutrin, and efficacy of functional improvement noted. Lidocaine 5% ointment #36 was denied, stating that only the patch is recommended in topical form.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Duragesic 100mcg per hour patch.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 48, 80 and 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: 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. In the reports viewed, this patient has been on Duragesic since at least 11/2013, with no objective functional improvement noted. Furthermore, there was no evidence of pain contract or urine drug screens. Therefore, the request for Duragesic 100mcg/hr patch (DOS 4/17/2014) is not medically necessary.

Tegadrem HP dressing 4 times 4 by 3 times 4, quantity 90.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.duragesic.com/sites/default/files/pdf/duragesic_patient_instructions_0.pdf

Decision rationale: CA MTUS and ODG do not apply. A search of online resources found the article "Instructions for Applying a Duragesic Patch" which states that Tegaderm can be used if one has problems with Duragesic patch sticking. Due to the fact that Duragesic patches were denied in the 7/3/2014 UR decision, there would be no necessity for Tegaderm dressing. Therefore, the request for Tegaderm dressing 4 times 4 by 3 times 4 #90(DOS 4/17/2014) is not medically necessary.

Retro Wellbutrin XL 150mg, quantity 180.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Wellbutrin Page(s): 16,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Antidepressants Other Medical Treatment Guideline or Medical Evidence:

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommend for diagnosing and controlling anxiety as an important part of chronic pain treatment. In the reports viewed, this patient has been on Wellbutrin since at least 11/21/2013, with no documented objective functional improvement noted on the progress note dated 4/17/2014. Furthermore, there was no detailed discussion of prior failed treatment options.

Therefore, the request for Wellbutrin XL 150mg #180(DOS 4/17/2014) is not medically necessary.

Lidocaine 5% ointment, quantity 26.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Topical Analgesics Page.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the 4/17/2014 progress report, there was no discussion of the patient failing a 1st line oral analgesic regimen. Furthermore, Lidocaine is not recommended in topical formulation. Therefore, the request for Lidocaine 5% ointment #26(DOS 4/17/2014) is not medically necessary.