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| Case Number: | CM14-0155174 | | |
| Date Assigned: | 10/07/2014 | Date of Injury: | 10/27/2010 |
| Decision Date: | 10/31/2014 | UR Denial Date: | 09/08/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

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 Neuromusculoskeletal medicine and is licensed to practice in Arizona. 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 39-year-old male who sustained a work related injury on 10/27/2010 as result of an unknown mechanism of injury. Since then he has complained of near continuous lower back pain with right lower extremity radiculopathy and has undergone 2 separate lumbar spinal surgical procedures. Most recently he has reported continuous lower back pain. Upon examination, the patient has tenderness to palpation along the lumbo-sacral spine from L4-S1, bilateral posterior superior iliac spines and sacroiliac joints, stiffness of the bilateral lumbar paraspinal muscles and limited range of motion of the lumbo-sacral region due to pain. The patient demonstrates mild decreased sensation to pinprick along the right L4-5, with a moderate to severe decreased pinprick sensation of the left L5-S1 dermatomes. He has documented reduction of the right with absence left of the Achilles tendon reflex. The use of his pain medication is not only to reduce his pain, to improve his sleep which was from 1 non-stop hour to 8 non-stop hours. In dispute is a decision for both Duragesic 75mcg Q48 #15 X 2 Refills and Percocet 10/325 Mg Q4-6 #180 X 2 Refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 75mcg Q48 #15 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 44, 86..

Decision rationale: Duragesic (fentanyl transdermal system) is not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by ALZA Corporation and marketed by [REDACTED] (both subsidiaries of [REDACTED]). 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. Based upon the calculated dosing of this medication alone, the patient is receiving the milligram equivalent of 180mg of morphine daily. This far exceeds the CA MTUS guidelines of 120mg. Therefore, the request of Duragesic 75mcg Q48 #15 with 2 refills is not medically necessary and appropriate.

Percocet 10/325mg Q4-6 #180 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 75, 86, 88, 91.

Decision rationale: Opioid Classifications: Short-acting/Long-acting opioids: Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Opioids for Chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Oxycodone with acetaminophen, (Roxicodone, Roxicet, Percocet, Tylox, Endocet), Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, HycetTM; Lorcet, Lortab; Margesic- H, MaxidoneTM; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available) is listed as indicated for moderate to moderately severe pain. Long term use of such medications (greater than 6 months) needs documented pain and functional improvement as compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The dosing of Percocet is an additional 75mg daily of opioid pain medication. Add this to the additionally requested Duragesic patches; the patient may possibly receive 255 mg equivalents of opioid pain medication daily. This far exceeds the CA MTUS guidelines for opioid pain medication use. Therefore, the request for Percocet 10/325mg Q4-6 #180 with 2 refills is not medically necessary and appropriate.

