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| Case Number: | CM14-0173441 | | |
| Date Assigned: | 10/24/2014 | Date of Injury: | 08/16/2005 |
| Decision Date: | 12/03/2014 | UR Denial Date: | 09/26/2014 |
| Priority: | Standard | Application Received: | 10/21/2014 |

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 36-year-old male with a date of injury of 08/06/2005. The listed diagnoses per [REDACTED] are: 1. History of lumbar sprain. 2. History of cervical sprain. 3. Severe multilevel degenerative disease and joint disease of the lumbar spine. 4. Clinical findings consistent with residual right L5 radiculopathy/mild. 5. Cervical spondylosis. 6. Overweight at 240 pounds. According to progress report 09/18/2014, the patient presents with continued complaints of cervical spine pain. The patient states his worst pain is 10/10 without pain medication, average pain with medications at 6/10. His current pain is rated as 6/10. The patient states that he has been denied Duragesic patch and without it, he cannot function. The patient states that "he has more side effects with GI symptoms with generic patch." He is also utilizing Percocet 10/325 mg 7 per day as needed for breakthrough pain. Examination of the neck revealed tenderness across the lower neck with tightness in the right trapezius. He has some decreased range of motion. The physician recommends patient to continue utilizing Duragesic patch 25 mcg #10 and Percocet 10/325 mg #210. Utilization review denied the request on 09/26/2014. Treatment reports from 03/27/2014 through 09/18/2014 were reviewed. Work status was deferred to primary treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10mg-325mg tablet; 1-2 tablet every 4 hours for 30 days #210; 99070: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 97, 92, 74, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89 76-78.

Decision rationale: The MTUS Guidelines pages 88 and 89 state, Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been prescribed Percocet since at least 03/27/2014. QME report by [REDACTED] from 07/16/2014 states, I am still in need of long term plan from [REDACTED] for the patient's opiate analgesic medication regimen. This report goes on to state that [REDACTED] should offer a long term plan for management of the patient's pain and especially to address the amount of opiate analgesic medication that is being used. [REDACTED] progress reports provide a pain scale and continually notes that the patient is "stable with current medication regimen and functions well with it. Besides this generic statement, there are no discussions of specific functional improvement or changes in ADLs as required by MTUS for long term opiate use. There is no discussion of aberrant behaviors, Urine drug screens are not provided and Cures report is not discussed. Given the lack of sufficient documentation for opiate use, Therefore, Percocet 10mg-325mg tablet; 1-2 tablets every 4 hours for 30 days #210; is not medically necessary.

Duragesic 25mcg/hr transdermal patch; 1 patch every 3 days, 30 days #10; 99070: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 97, 92, 74, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89 76-78.

Decision rationale: The MTUS Guidelines pages 88 and 89 state, Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been prescribed Duragesic patches since at least 03/27/2014. QME report by [REDACTED] from 07/16/2014 states, i am still in need of long term plan from [REDACTED] for the patient's opiate analgesic medication regimen. This report goes on to state that [REDACTED] should offer a long term plan for management of the patient's pain and especially to address the amount of opiate analgesic medication that is being used. [REDACTED] progress reports provide a pain scale and continually notes that the patient is stable with current medication regimen and functions well with it. Besides this generic statement, there are no discussions of specific functional improvement or changes in ADLs as required by MTUS for long term opiate use.

There is no discussion of aberrant behaviors, Urine drug screens are not provided and CURES report is not discussed. Given the lack of sufficient documentation for opiate use, therefore, Duragesic 25mcg/hr transdermal patch; 1 patch every 3 days, 30 days #10 is not medically necessary.