

Case Number:	CM14-0071487		
Date Assigned:	07/16/2014	Date of Injury:	02/21/2003
Decision Date:	08/18/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/16/2014

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 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 73-year-old female with date of injury of 02/21/2013. According to this report, the patient complains of knee pain. Her pain level is 7/10 and varies with activities. She has found the H-wave unit helpful in controlling her knee pain with medications. The patient had an epidural steroid injection on 01/03/2014 and found it helpful. She is having some problems getting the left knee brace adjusted. She has some GI upset secondary to medications. The physical exam shows there is tenderness to palpation of the knee. Motor exam is intact. Sensation is intact. Knee exam shows scars from her surgery. She walks with the use of a cane. The Utilization Review denied the request on 04/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch Quantity: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patch Page(s): 56-57.

Decision rationale: The patient is a 73-year-old female with date of injury of 02/21/2013. According to this report, the patient complains of knee pain. Her pain level is 7/10 and varies with activities. She has found the H-wave unit helpful in controlling her knee pain with medications. The patient had an epidural steroid injection on 01/03/2014 and found it helpful. She is having some problems getting the left knee brace adjusted. She has some GI upset secondary to medications. The physical exam shows there is tenderness to palpation of the knee. Motor exam is intact. Sensation is intact. Knee exam shows scars from her surgery. She walks with the use of a cane. The Utilization Review denied the request on 04/29/2014.

Duragesic cream Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesics Page(s): 44- 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

Decision rationale: This patient presents with knee pain. The patient is status post bilateral total knee replacement from 2006 and 2008. The physician is requesting Duragesic cream, quantity #1. The MTUS Guidelines page 44 on Duragesic (fentanyl transdermal system) states that it is not recommended as a first-line therapy. Duragesic is a potent of opioid that is slowly released through the skin. The FDA-approved product labeling states that the 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. The records show that the patient was first prescribed Duragesic on 04/14/2014. However, MTUS Guidelines do not support the use of Duragesic as a first-line therapy. The patient's current list of medications includes Lidoderm, Tylenol, and Duragesic. Duragesic is indicated for the management of chronic pain in patients who require continuous opioid analgesia. The physician does not explain why the patient would need continuous opioid intake given that the patient is currently not on any opioid. Therefore, the request for Duragesic cream Quantity: 1 is not medically necessary and appropriate.