

Case Number:	CM14-0078465		
Date Assigned:	07/18/2014	Date of Injury:	03/24/2008
Decision Date:	10/02/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	05/28/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 56-year-old male with a 3/24/08 date of injury. At the time (4/24/14) of request for authorization for Duragesic patches 50mcg/hr and Norco 10/325mg, there is documentation of subjective findings of moderate to severe low back pain radiating to the lower extremities and objective findings of trace patellar and Achilles reflexes, decreased strength in the bilateral lower extremities, and positive straight leg raise test bilaterally. The current diagnoses are chronic neck pain, chronic low back pain with radiculopathy, and bilateral shoulder pain. The treatment to date includes ongoing treatment with Duragesic patches, Norco, Relafen, Neurontin and Zanaflex since at least 11/13/13 with increased walking tolerance. In addition, medical report identifies that there is no aberrant drug behavior. Regarding Duragesic patches 50mcg/hr, there is no documentation of chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; and that the patient has demonstrated opioid tolerance. Regarding Norco 10/325mg, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patches 50mcg/hr: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Duragesic (fentanyl transdermal system) Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duragesic (fentanyl transdermal system) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, as criteria necessary to support the medical necessity of Duragesic patches. MTUS Chronic Pain Medical Treatment Guidelines identifies that Duragesic is not recommended as first-line therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient is already receiving opioid therapy, has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic 25 mcg/h, as criteria necessary to support the medical necessity of Duragesic patches. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain, chronic low back pain with radiculopathy, and bilateral shoulder pain. In addition, there is documentation of persistent, moderate to severe chronic pain; that the patient is already receiving opioid therapy, and requires a total daily dose at least equivalent to Duragesic patches 25 mcg/h. Furthermore, given documentation of increased walking tolerance with Duragesic patches, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Duragesic patches. However, there is no documentation of chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time. In addition, given documentation of ongoing treatment with Norco, Zanaflex, Neurontin and Relafen, there is no documentation that the pain cannot be managed by other means; and that the patient has demonstrated opioid tolerance. Therefore, based on guidelines and a review of the evidence, the request for Duragesic patches 50mcg/hr is not medically necessary.

Norco 10/325mg: 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): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the

lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain, chronic low back pain with radiculopathy, and bilateral shoulder pain. In addition, given documentation of increased walking tolerance with Norco, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Norco. However, despite documentation that there is no aberrant drug behavior, there is no (clear) documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg is not medically necessary.