

Case Number:	CM14-0080056		
Date Assigned:	07/23/2014	Date of Injury:	03/22/2001
Decision Date:	08/27/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/30/2014

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 and is licensed to practice in California and Washington. 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 injured worker is a 52-year-old female who reported an injury on 05/22/2001. The mechanism of injury was not provided in the medical records. She is diagnosed with complex regional pain syndrome. Her past treatments were noted to include epidural steroid injections and medications. On 07/16/2014, the injured worker presented with complaints of pain in the bilateral lower extremities. She specified that her pain was rated 8/10 to 9/10 and was greater on the left leg than the right. It was also noted that she was tapering down on her Duragesic patch. Her medications were noted to include Duragesic 25 mcg patches, levorphanol, Norco, Zantac, Colace, Celebrex, Cymbalta, medical marijuana, and aspirin. The treatment plan was to continue to taper off the fentanyl patch with a decrease from 25 mcg to 12.5 mcg every 72 hours, a repeat epidural steroid injection, smoking cessation, and medication refills. The rationale for the request for Duragesic 50 mcg every 72 hours and Norco 10/325 mg 1.5 tablets 3 times a day as needed was not provided in the medical records. The request for authorization for these requests was also not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 50mcg q 72 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system), Opioids, Criteria for Use, On-going Management Page(s): 44, 78.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines, fentanyl patches are not recommended as a first line therapy and are only supported in the management of chronic pain for patients who require continuous opioid analgesia for pain that cannot be managed by other means. The Guidelines also state that the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicated that the injured worker was tapering off the fentanyl patch. The clinical information submitted for review indicated that the injured worker was utilizing fentanyl for pain control and was on a weaning schedule. However, sufficient documentation was not provided showing evidence of adequate pain relief evidenced by measurable pain scale values. Additionally, the documentation did not address functional status or appropriate medication use. A urine drug screen with consistent results was not provided for review. Additionally, the most recent note dated 07/16/2014 indicated that the injured worker had tapered down her dosing of fentanyl and was to transition to a 12.5 mcg patch. Therefore, clarification would be needed regarding the request for the 50 mcg dose. In the absence of documentation showing effective pain relief, increase function, and appropriate medication use, and in the absence of clarification regarding the dosing, continued use of Duragesic is not supported. Further, the request failed to provide a quantity requested. Based on the above, the request for Duragesic 50 mcg q 72 hours is not medically necessary and appropriate.

Norco 10/325mg 1.5 tab TID PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California Chronic Pain Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The clinical information submitted for review indicated that the injured worker's medications included Norco. However, sufficient documentation with evidence of pain relief via numeric pain scales, increased function, and appropriate medication use including consistent results on a urine drug screen were not provided. In the absence of this documentation, ongoing use of Norco is not supported by the Guidelines. As such, the request for Norco 10/325 mg 1.5 tab TID PRN is not medically necessary and appropriate.