

Case Number:	CM14-0187478		
Date Assigned:	11/17/2014	Date of Injury:	01/09/1998
Decision Date:	01/06/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/10/2014

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 Internal Medicine 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 injured worker (IW) is a 52-year-old woman with a date of injury of January 9, 1998. The mechanism of injury was not documented in the medical record. The accepted body parts are bilateral upper extremities, lumbar and cervical spine, and RSD. Pursuant to the Progress Note/Request for Authorization dated September 16, 2014, documentation indicated that the IW is stable on her pain medications. She denied any adverse side effects. Her pain level is 8/10, which she attributes to not sleeping well the night before. Normally, her pain is rated 4/10 with the help of medications and her spinal cord stimulator (SCS). Overall her pain relief is 80% with pain medications and her SCS. She failed MS Contin, Oxycontin, and Percocet. She present for medication refills. Physical examination revealed muscle weakness, difficulty walking, and difficulty falling asleep and remaining asleep. The provider notes that there is no evidence of overmedication, sedation or withdrawal. The IW has been diagnosed with lumbago, cervical degenerative disc disease (DDD), lumbar DDD, cervical facet arthropathy, lumbar facet arthropathy, and RDS upper limb. Current medications include Flexeril 10mg, Cymbalta 60mg, Carisoprodol 350mg, Lunesta 2mg, Xanax 0.5mg, Dilaudid 4mg, Norco 10/325mg, and Duragesic patch 50mcg. The provider documents that the IW has been on these medications for 5 years. She is stable on the medications and is having no adverse effects from them. The provider is recommending the continuation of the aforementioned medications for pain management and a Request for Authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patch (Fentanyl Transdermal) 50mcg/Hr, QTY: 20 (30 day supply) for the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, Non-MTUS website Physician's Desk Reference, 68th ed. www.RxList.com, Non-MTUS website ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm, Non-MTUS website drugs.com, Non-MTUS website Epocrates Online, www.online.epocrates.com, Non-MTUS website Monthly Prescribing Reference, www.empr.com and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Duragesic patch (fentanyl transdermal) 50 mcg/hour #20 (30 day supply) to the right upper extremity is not medically necessary. Chronic, ongoing opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Detail pain assessments should be in the medical record. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the working diagnoses from a progress note dated June 14, 2011 are total body complex regional pain syndrome and status post spinal cord stimulator implantation. The date of injury was January 9, 1998. A June 2011 progress note contains documentation indicating Fentanyl transdermal patch 50 mcg every 38 hours, Norco 5/500 one tablet four times a day, soma 350 mg three tablets daily, diluted 0.5 mg three tablets daily, Cymbalta 100 mg two tablets daily, Flexeril three tablets daily, Xanax 0.5 mg three tablets daily. A progress note from September 16, 2014 indicates the injured worker is still taking Dilaudid 4 mg one tablet four times a day as needed; Norco 10/325 mg #120 tablet four times a day as needed Duragesic patch 50 mcg per hour one patch every 36 hours and Cymbalta 60 mg one tablet twice a day. The medical record does not contain an ongoing review and documentation of functional status, appropriate medication use and side effects. There are no detailed pain assessments in the medical record. This injured worker was taking multiple opiates in conjunction with muscle relaxers and benzodiazepines in excess of three years. There is no documentation predating the June 2011 progress note to determine whether the injured worker was taking these same medications earlier. There is no documentation of functional improvement, no documentation of urine drug screening, no risk assessment and consequently, continued use of Duragesic patch is not clinically indicated. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, Duragesic patch (fentanyl transdermal) 50 mcg per hour #20 (30 day supply) to the right upper extremity is not medically necessary.