

Case Number:	CM14-0209038		
Date Assigned:	12/22/2014	Date of Injury:	10/24/2003
Decision Date:	07/02/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old female, with a reported date of injury of 10/24/2003. The diagnoses include right knee pain, right knee degenerative joint disease, and low back pain. Treatments to date have included Norco, Fentanyl patch, Flector patch, urine drug screenings, Exalgo with no benefit, Oxycontin which caused GI upset, MS-Contin which caused lethargy and nausea, an MRI of the lumbar spine which showed 40% stenosis at L4-5 due to degenerative disc disease, and right knee injections. The medical report dated 11/19/2014 indicates that the injured worker's pain level had increased since the last visit. She had no new problems or side effects, and since the last visit, her quality of life had remained the same. It was noted that the injured worker's activity level has decreased. She denied any side effects from the medications. The objective findings include an antalgic gait, a slow and stooped gait; restricted lumbar range of motion with pain; hypertonicity, tenderness, and light muscle band on palpation of the paravertebral muscles on the right side; positive right straight leg raise test; tenderness over the right trochanter; restricted right knee range of motion with pain; tenderness to palpation over the hamstrings; and decreased light touch sensation over the medical foot on the right side. There were no red flags noted at the time of the visit, and no evidence of abuse, misuse, or diversion. With medications, her pain level was 4-5 out of 10, and without medication the pain was rated, 10 out of 10 and she had decreased capability to walk. The treating physician requested Norco 10/325mg #210, Fentanyl 50mcg/hr patch #10, Flector 1.3% patch #30, with one refill, and Tegaderm dressing #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain in the low back and right knee, rated 4-5/10 with medications and 10/10 without medications. The request is for Norco 10/325 #210. Physical examination to the lumbar spine on 11/19/14 revealed hypertonicity and tenderness to palpation to the paraspinal muscles. Range of motion was decreased in all planes. Straight leg raising test was positive. Physical examination to the right knee revealed tenderness to palpation over the hamstrings. Patient's treatments have included medications and knee injections with benefits. Per 10/22/14 progress report, patient's diagnosis includes knee pain. Patient's medications, per 11/19/14 progress report include Norco, Fentanyl 60 mcg/hr Patch, Flector 1.3 Patch, and Tegaderm 2.375 x 2.76" dressing. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "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 4A'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. In this case, treater has not discussed examples of specific ADL's nor provided functional measures demonstrating significant improvement due to Norco. Per 11/19/14 progress report, Urine Drug Screen (UDS) results dated 12/13/13 were appropriate; however, no actual report was included for viewing. Additionally, no discussions regarding aberrant behavior were provided. No opioid pain contract or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Fentanyl 50mcg patch #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-193.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal, Criteria for use of Opioids Page(s): 93, 767-78, 88-89.

Decision rationale: The patient presents with pain in the low back and right knee, rated 4-5/10 with medications and 10/10 without medications. The request is for Fentanyl 50 mg patch #10. Physical examination to the lumbar spine on 11/19/14 revealed hypertonicity and tenderness to palpation to the paraspinal muscles. Range of motion was decreased in all planes. Straight leg raising test was positive. Physical examination to the right knee revealed tenderness to palpation over the hamstrings. Patient's treatments have included medications and knee injections with benefits. Per 10/22/14 progress report, patient's diagnosis includes knee pain.

Patient's medications, per 11/19/14 progress report include Norco, Fentanyl 60 mcg/hr Patch, Flector 1.3 Patch, and Tegaderm 2.375 x 2.76" dressing. Patient is permanent and stationary. The MTUS, Fentanyl transdermal, Page 93, states, "Indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. The pain cannot be managed by other means (e.g., NSAIDs)." MTUS Guidelines pages 88 and 89 states, "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 4A'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. Patient has been prescribed Fentanyl Patches from 08/27/14 and 11/19/14. In progress report dated 11/19/14, treater states that Fentanyl patch works for long acting relief of the knee pain and allows the patient to increase the dosage without the acetaminophen in the Norco, which can affect her liver. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater does not discuss how Fentanyl patch significantly improves patient's activities of daily living with specific examples of ADL's. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There is no CURES or opioid pain contract. Given the lack of documentation as required by MTUS, the request is not medically necessary.

Flector 1.3% patch #30 refill 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain in the low back and right knee, rated 4-5/10 with medications and 10/10 without medications. The request is for Flector 1.3 patch #30 refill 1. Physical examination to the lumbar spine on 11/19/14 revealed hypertonicity and tenderness to palpation to the paraspinal muscles. Range of motion was decreased in all planes. Straight leg raising test was positive. Physical examination to the right knee revealed tenderness to palpation over the hamstrings. Patient's treatments have included medications and knee injections with benefits. Per 10/22/14 progress report, patient's diagnosis includes knee pain. Patient's medications, per 11/19/14 progress report include Norco, Fentanyl 60 mcg/hr Patch, Flector 1.3 Patch, and Tegaderm 2.375 x 2.76" Dressing. Patient is permanent and stationary. Flector patch is Diclofenac in a topical patch. Regarding topical NSAIDs, MTUS topical analgesics pages 111- 113 states, "Indications: Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use."The patient has been utilizing Flector patches since 07/02/14. However, the treater does not discuss how this medication decreases pain and improves patient's activities of daily living. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request does not meet MTUS indications. Therefore, the request is not medically necessary.

Tegaderm 2.375x275 dressing 2 3/8 one patch q 3 days #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Wound Dressings.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 490-491.

Decision rationale: The patient presents with pain in the low back and right knee, rated 4-5/10 with medications and 10/10 without medications. The request is for Tegaderm 2.375 X 2.75 dressing 2 3/8 one-patch q 3 days # 30. Physical examination to the lumbar spine on 11/19/14 revealed hypertonicity and tenderness to palpation to the paraspinal muscles. Range of motion was decreased in all planes. Straight leg raising test was positive. Physical examination to the right knee revealed tenderness to palpation over the hamstrings. Patient's treatments have included medications and knee injections with benefits. Per 10/22/14 progress report, patient's diagnosis includes knee pain. Patient's medications, per 11/19/14 progress report include Norco, Fentanyl 60 mcg/hr Patch, Flector 1.3 Patch, and Tegaderm 2.375 x 2.76" dressing. Patient is permanent and stationary. There are no medical guidelines that support this product. ACOEM guidelines has the following regarding evidence based medicine on page 491: "Evidence based medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision making. This mandates that information regarding health outcomes in study populations or experimental groups be extracted from the medical literature, after which it can be analyzed, synthesized, and applied to individual patients." Tegaderm is a transparent medical dressing with an over the counter, adhesive film frame. In progress report dated 11/19/14, the treater is requesting Tegaderm patches to be applied over the Fentanyl patches to keep them from falling off. In this case, since Fentanyl patches are not medically indicated, there is no need for Tegaderm. The request is not medically necessary.