

Case Number:	CM15-0130213		
Date Assigned:	07/16/2015	Date of Injury:	10/24/2006
Decision Date:	09/11/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/06/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56 year old female, who sustained an industrial injury on 10/24/2006. According to a progress report dated 05/14/2015, the injured worker complained of right CMC (carpometacarpal) joint pain worsening since the last visit. She had undergone multiple glucocorticoid injections without lasting benefit. Her symptoms had worsened and she was having difficulty in performing some of her ADL (activity of daily living) functions because of the discomfort. She had discussed possible arthroplasty with graft jacket and wished to proceed with that. Pain was described as severe associated with activity and better with rest, but never completely resolved. She had no neurovascular complaints in the right hand. She was status post arthroplasty of the right knee and improving. She had some soreness with over activity. She reported some swelling with over activity but overall was happy with surgical results. She had some clicking but no catching or mechanical symptoms. She had no neurovascular deficits distally. Current medications included diphenhydramine, Synthroid, Nasonex, Cytomel, Pennsaid, Cymbalta, Nucynta, Gabapentin and Xartemis. Diagnoses included CMC arthritis thumb degenerative, osteoarthritis localized primary involving lower leg and knee joint replacement. The treatment plan included Xartemis XR 7.5/325 mg 1 tablet by mouth every 8 hours at the same time each day. Currently under review is the request for Xartemis extended release 7.5-325 mg #90 with 3 refills. Records show that the start date for Xartemis XR was 03/05/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xartemis extended release 7.5-325mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Opioids Page(s): 9, 77-78. Decision based on Non-MTUS Citation www.pdr.net, Xartemis XR.

Decision rationale: Literature states that Xartemis XR is an opioid analgesic indicated in the management of acute pain severe enough to require opioid treatment and for which alternative treatment options are inadequate. CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. MTUS Guidelines state that on-going management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case there was no discussion of current pain, the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain and improvement in function. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. In this case, there was no discussion that the injured worker had failed a trial of non-opioid analgesics. There was no documentation of current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. In addition there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care with use of Xartemis XR. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.