

Case Number:	CM15-0199089		
Date Assigned:	10/14/2015	Date of Injury:	02/25/2002
Decision Date:	12/01/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/09/2015

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: Virginia

Certification(s)/Specialty: Neurology

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 64 year old male, who sustained an industrial injury on 2-25-2002. The injured worker is undergoing treatment for spasm of muscle, cervical pain, lumbar degenerative disc disease (DDD), hip degenerative joint disease (DJD) and knee pain. Medical records dated 9-14-2015 indicate the injured worker complains of neck, back, right hip and right knee pain unchanged from previous visit. He rates the pain 5 out of 10 with medication and 10 out of 10 without medication and poor sleep. The injured worker reports he is "trying to taper down on Norco and Fentanyl patches however is experiencing some withdrawal symptoms." The treating physician on 9-14-2015 indicates Fentanyl is decreased from 100mcg-hr down to 75mcg-hr. Physical exam dated 9-14-2015 notes slow, wide based gait with use of a cane, cervical, lumbar and right hip tenderness to palpation with decreased range of motion (ROM). There is right knee tenderness to palpation with effusion. Treatment to date has included Norco, Trazadone, Alprazolam, Fentanyl patches, labs and lumbar epidural steroid injection. The original utilization review dated 9-21-2015 indicates the request for Catapres-tts 2 patch 0.2 mg/24 hr SIG: apply to skin weekly #4 is modified and Norco 10-325mg every 4-6 hours as needed #90 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Catapres-tts 2 Patch 0.2 mg/24 hr SIG: Apply to skin weekly #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Catapres Official FDA Information (<http://www.drugs.com/pro/catapres.html#indications>).

Decision rationale: Catapres is indicated in the treatment of hypertension. Within the documentation available for review, the clinical notes do not discuss a diagnosis of hypertension but recommend the use of Catapres for chronic pain in this case. Catapres is also sometimes utilized off label for some pain conditions, however, as with any medication, ongoing use requires regular monitoring in order to establish efficacy of the medication. In the absence of such documentation as is the case with this injured worker, the request for Catapres for the treatment of pain is not medically necessary.

Norco 10-325mg tablet SIG: take 1 every 4-6 hours as needed for pain #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction.

Decision rationale: Chronic pain medical treatment guidelines indicate four domains which have been proposed as most relevant for ongoing monitoring of chronic pain in patients with opioids. These domains are: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 "A's" (analgesia, activities of daily living, adverse side effects, and any aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled substances. In the case of the injured worker, clinical notes lack evidence of a current assessment of the employee's condition and their specific clinical response to medical treatment thus far. Therefore, according to the guidelines, and to review the evidence, treatment with Norco 10-325 mg tab #90 is not medically necessary.