

Case Number:	CM15-0199311		
Date Assigned:	10/14/2015	Date of Injury:	06/22/1995
Decision Date:	11/23/2015	UR Denial Date:	09/14/2015
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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 50 year old male, who sustained an industrial injury on 06-22-1995. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, knee pain, lateral epicondylitis with elbow pain, and low back pain. Medical records (05-22-2015 to 08-21-2015) indicate decreasing right knee pain, left arm pain. Pain levels were rated 5 out of 10 in severity on a visual analog scale (VAS) with medications and 10 out of 10 without medications on 05-22-2015, which was decreased to 2 out of 10 with medications and 8 out of 10 without medications by 08-21-2015. Records also indicate that the IW would not be able to work, sleep or use left arm without medications. Per the treating physician's progress report (PR), the IW has returned to work without restrictions. The physical exam, dated 08-21-2015, revealed tenderness over the left elbow joint and lateral epicondyle, pain with resisted wrist extension, forearm flexor atrophy bilaterally, left forearm tenderness, right wrist tenderness, tenderness over the right knee joint line, positive McMurrays' test, lumbar spine and facet tenderness, and decreased flexion in the lumbar spine. Relevant treatments have included: work restrictions, and pain medications (duragesic since 2000 and Norco since 2014). The duragesic patches were reported to help remarkably and that the IW was unable to work for 6 years prior to its use. Multiple urine toxicology screenings were noted to be inconsistent showing positive results for medications not prescribed. The PR (08-21-2015) shows that the following medications were requested: duragesic patches 100mcg per hour #15 with 2 refills, and Norco 10-325mg #120 with 2 refills. The original utilization review (09-14-2015) partially approved the requests for duragesic patches 100mcg per hour #15 with 2 refills (modified to #10 with no refills), and Norco 10-325mg #120 with 2 refills (modified to #51 with no refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 100 mcg/ hr Qty 15 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentanyl.

Decision rationale: Per CA MTUS Chronic Pain Guidelines, Fentanyl: "Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. For more information and references, see Opioids. See also Actiq (fentanyl lollipop); Duragesic (fentanyl transdermal system); & Fentora (fentanyl buccal tablet)." Per the CA MTUS section on opioids, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain. These medications are generally classified according to potency and duration of dosage duration." Fentanyl is a long-acting opioid. Duragesic (fentanyl transdermal system): Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by [REDACTED] and marketed by [REDACTED] (both subsidiaries of [REDACTED]). The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. See Fentanyl. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend 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 last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 8/21/15. Therefore, the request is not medically necessary.

Norco 10/325 mg Qty 120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend 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 last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 8/28/15. Therefore, the request is not medically necessary.