

Case Number:	CM15-0020856		
Date Assigned:	02/10/2015	Date of Injury:	06/29/2000
Decision Date:	04/01/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/04/2015

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

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 72 year old female, who sustained an industrial injury on 6/29/00. She has reported cumulative trauma to the back, right shoulder, bilateral knees, left hand and wrist. The diagnoses have included knee pain, lumbago and generalized abdominal pain. Treatment to date has included MRI of the lumbar spine, single point cane and oral medications. As of the PR2 dated 10/7/14, the injured worker reports 7/10 pain in the left knee. The treating physician requested to continue Duragesic DIS 75mcg/hr #15. On 1/14/15 Utilization Review non-certified a request for Duragesic DIS 75mcg/hr #15. The utilization review physician cited the MTUS and ACOEM guidelines for opioid use. On 1/30/15, the injured worker submitted an application for IMR for review of Duragesic DIS 75mcg/hr #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic DIS 75mcg/hr quantity 15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): s 47-49, Postsurgical Treatment Guidelines Page(s): s 78, 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS fentanyl transdermal (Duragesic) Page(s): 76-78, 88-89, 44.

Decision rationale: The patient was injured on 06/29/2000 and presents with knee pain. The request is for Duragesic DIS 75 mcg/hour transdermal patch quantity 15. The RFA provided is dated 11/12/2014 and the work status is unknown. The patient has been using this patch as early as 07/18/2014. MTUS Guidelines page 44 recommends fentanyl transdermal (Duragesic) for management of persistent chronic pain, which is moderate to severe requiring continuous, around the clock opiate therapy. 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 4As (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. On 08/14/2014, the patient rated her pain as an 8/10 with medications. The 09/09/2014 report states, "she continues to have left knee pain and is doing well on current medication, Duragesic patch. She feels medication is not helping her pain much. She did forget to apply to patch and she found out that it did help. She rates her pain as an 8/10 with medications." On 09/23/2014, the patient rates her pain as a 9/10 with medications. "She has no significant side effects and the Duragesic works well and she shows no significant side effects." Although, the treater provides general pain scales and discusses the patient's side effects/aberrant behavior, there are no before and after pain scales provided nor there are any examples of ADLs which demonstrates medication efficacy. There is no opiate management issues discussed such as CURES report, pain contracts, et cetera. No outcome measures are provided either as required by MTUS Guidelines. The patient did have a urine drug screen on 10/07/2014 which showed that the patient was compliant with her prescribed medications. In this case, the treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Duragesic patch IS NOT medically necessary.