

Case Number:	CM15-0222898		
Date Assigned:	11/18/2015	Date of Injury:	11/17/2006
Decision Date:	12/30/2015	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/12/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This is a 58-year-old female who sustained a work-related injury on 11-17-06. Medical record documentation on 11-2-15 revealed the injured worker was being treated for chronic pain syndrome, cervicgia, insomnia, depression and long-term use of opiate analgesic. She reported constant neck pain with a dulled tingling pressure. She had constant hand and thumb pain with associated weakness in the right and left hands. She reported low back pain but noted that it was minor pain. The evaluating physician noted that the injured worker is having more pain in her hands. Her activity was limited with repetitive motions with and without medications. With her medications she was able to write, hold items, drive short distances, vacuum and lift small amounts. She had no aberrant behavior and a urine drug screen on 5-18-15 was documented as being appropriate. Her current medication regimen included Duragesic 12 mcg-hr (since at least 12-12-12), Duragesic 50 mcg-hr (since at least 12-12-12), Oxycodone Hcl 15 mg (since at least 5-18-15), Singulair 10 mg, Omeprazole 20 mg, Zyrtec 10 mg, Zoloft 100 mg and Neurontin 300 mg. She did not use her oxycodone every day due to sedation. Her reduced doses of medications were approved on the day of evaluation and she had not tried to reduce her dose previously. Objective findings included a normal gait and station. Her medications were continued and the evaluating physician noted that weaning of medications would be reassessed at the next evaluation. Previous treatment included aqua therapy for her back, acupuncture treatment and lumbar epidural steroid injections and cervical epidural steroid injections. Her medication regimen has included Cymbalta, Elavil, Pamelor, Paxil, Prozac, Wellbutrin, Zoloft, Xanax, Zolpidem, Flector patch, Lidoderm patch, Voltaren gel, Gralise, Lyrica, Topamax, Daypro, Ibuprofen, Lodine, Ketorolac, diclofenac, Flexeril, Norflex, Zanaflex, Tramadol,

Codeine, Hydrocodone, Morphine, Fentora, hydromorphone and Meperidine. A request for Oxycodone 15 mg #90, Duragesic patches 50 mcg #15, and Duragesic 12 mcg #15 was received on 11-3-15. On 11-10-15 the Utilization Review physician modified Oxycodone 15 mg #90 to #45, Duragesic patches 50 mcg #15 to #7 and Duragesic 12 mcg #15 to #7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg, #90: Upheld

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

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

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to Oxycodone to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity is not substantiated in the records. This request is not medically necessary.

Duragesic patches 50mcg, #15: 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): Fentanyl, Opioids for chronic pain.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to duragesic to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity is not substantiated in the records. This request is not medically necessary.

Duragesic 12mcg, #15: 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): Fentanyl, Opioids for chronic pain.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to duragesic to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity is not substantiated in the records. This request is not medically necessary.