

Case Number:	CM15-0050538		
Date Assigned:	03/24/2015	Date of Injury:	11/19/2012
Decision Date:	05/01/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/18/2015

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 60 year old female, who sustained an industrial injury on 11/19/12. She reported low back pain, bilateral hip pain, left knee pain, left ankle pain, and foot pain. The injured worker was diagnosed as having left ankle sprain and left hip pain. Treatment to date has included physical therapy, lumbar transforaminal epidural steroid injections, right hip injections, and a right hip replacement on 4/8/14. An x-ray of the lumbar spine obtained on 9/25/12 was noted to have revealed mild degenerative joint disease of the disk spaces and facet joints of the lumbar spine. An x-ray of the left ankle obtained on 2/6/14 was noted to have revealed tiny calcaneal spurs and no other abnormalities. Currently, the injured worker complains of low back pain, left hip pain, left knee pain, and left ankle pain. The injured worker was prescribed Norco 10/325mg #60 for pain. The treating physician requested authorization for Duragesic patches 50mcg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patches 50 mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioid Medications for chronic pain Page(s): 76-78, 88-89, 60.

Decision rationale: Based on the 02/04/15 progress report provided by treating physician, the patient presents with pain to the lower back, left hip, left knee, and left ankle. Patient is status post 2 knee surgeries 1991, right total hip replacement April 2014, and brain surgery for the excision of meningioma July 2010, per treater report dated 11/13/14. The request is for Duragesic Patches 50MCG #10. RFA not available. Patient's diagnosis on 02/04/15 includes lumbar spine facet joint arthrosis, lumbar spine bulging disc with left sided radiculopathy, severe osteoarthritis to left hip, left knee and left ankle. Treatment to date has included physical therapy, lumbar transforaminal epidural steroid injections, right hip injections, and a right hip replacement on 04/08/14. Patient medications include Norco, Duragesic patches, and Reglan. Patient is off-work and remains temporarily totally disabled, per treater report dated 02/04/15. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a 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. MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." Duragesic patches are included in patient's medications per treater report dated 02/04/15. It is not known when Duragesic was initiated. Per progress report dated 11/13/14, patient rates her back pain 7/10 with and 8/10 without medications, which does not indicate significant analgesic effect due to medications. No validated instruments were utilized. UDS dated 12/09/14 revealed consistent results, but treater has not addressed aberrant behavior, nor discussed opioid pain agreement or CURES reports. In this case, treater has not stated how Duragesic reduces pain and significantly improves patient's activities of daily living. There are no specific discussions regarding adverse reactions, ADL's, etc. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. If treater's intent was to initiate this opiate for chronic pain, it would be allowed by MTUS based on records with regards to current medication use, aim of use, potential benefits and side effects, which have not been provided. Given lack of documentation as required by guidelines, the request is not medically necessary.