

Case Number:	CM15-0081967		
Date Assigned:	05/04/2015	Date of Injury:	09/26/2008
Decision Date:	06/08/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/29/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

The injured worker is a 65-year-old male, who sustained an industrial injury on 9/26/2008. The mechanism of injury is unknown. The injured worker was diagnosed as having severe bilateral knee degenerative joint disease, status post right knee arthroscopy and left total knee replacement, chronic myofascial pain syndrome, failed back surgery syndrome and depression. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 4/15/2015, the injured worker complains of constant bilateral knee pain and low back pain. The treating physician is requesting Duragesic patches and Hysingla ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch 75mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Duragesic (fentanyl), California Pain Medical Treatment Guidelines state that fentanyl is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Regarding the use of Fentanyl, guidelines state that it should be reserved for use as a second-line opiate. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. It is noted that the injured worker is working sometimes, however this seems to also have been true prior to the current dose and the current request does not have a time duration on it despite the intention by the physician to get the injured worker off this medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Duragesic (fentanyl), is not medically necessary.

Hysingla ER 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 26-27, 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Hysingla ER (hydrocodone ER), California Pain Medical Treatment Guidelines state that hydrocodone is an opioid pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the current opiate medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of any opioid medication. In addition, the physician reason for use of this medication is to wean the injured worker off another opioid, there is no indicate that the patient has had opiate addiction/dependence issues that have not responded to controlled tapering, or is significant enough to warrant a detoxification program. In addition, the current request does not have a time duration on it despite the intention by the physician to get the injured worker off the other opioid medication. In light of the above issues, the currently requested Hysingla ER (hydrocodone ER) is not medically necessary.