

Case Number:	CM14-0166390		
Date Assigned:	10/13/2014	Date of Injury:	12/16/2003
Decision Date:	11/13/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/09/2014

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. The expert reviewer is Board Certified Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 56-year-old male with a 12/16/03 date of injury. At the time (9/16/14) of request for authorization for Duragesic 25mcg #20 dispensed 9/16/14, Norco 10/325mg #240 dispensed on 9/16/14, and Right Knee Synvisc- one injection, there is documentation of subjective (chronic low back and bilateral knee pain) and objective (tenderness over right knee joint line and pain with varus as well as valgus testing) findings, current diagnoses (chronic right knee pain, chronic left knee pain, chronic low back pain, and right elbow pain), and treatment to date (right Synvisc injection and medications (including ongoing treatment with Duragesic patch, Norco, Neurontin, and Zoloft)). Medical report identifies significant pain relief for approximately 6 months following previous right knee Synvisc injection. In addition, medical reports identify that patient is stable in the use of Duragesic patch for extended pain relief and Norco for breakthrough pain. Regarding Duragesic 25mcg #20 dispensed 9/16/14, there is no documentation of pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; the patient has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic 25mcg/h; and no contraindications exist; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Duragesic use to date. Regarding Norco 10/325mg #240 dispensed on 9/16/14, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Regarding Right Knee Synvisc- one injection, there is no

documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous Synvisc injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 25mcg, #20 dispensed 9/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Duragesic and Fentanyl

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means, as criteria necessary to support the medical necessity of Duragesic. MTUS Chronic Pain Medical Treatment Guidelines identifies that Duragesic is not recommended as first-line therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation that Duragesic is not for use in routine musculoskeletal pain. FDA identifies documentation of persistent, moderate to severe chronic pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means; that the patient is already receiving opioid therapy, has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic 25mcg/h; and no contraindications exist, as criteria necessary to support the medical necessity of Duragesic patch. Within the medical information available for review, there is documentation of diagnoses of chronic right knee pain, chronic left knee pain, chronic low back pain, right elbow pain. In addition, there is documentation of ongoing treatment with Duragesic patch and that patient is already receiving opioid therapy (Norco). However, despite documentation of chronic pain, there is no documentation of pain that requires continuous, around-the-clock opioid administration for an extended period of time, and cannot be managed by other means. In addition, there is no documentation that the patient has demonstrated opioid tolerance, and requires a total daily dose at least equivalent to Duragesic 25mcg/h; and no contraindications exist. Lastly, despite documentation that patient is stable in the use of Duragesic patch for extended pain relief there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Duragesic use to date. Therefore, based on guidelines and a review of the evidence, the request for Duragesic 25mcg #20 dispensed 9/16/14 is not medically necessary.

Norco 10/325mg, #240 dispensed on 9/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic right knee pain, chronic left knee pain, chronic low back pain, right elbow pain. In addition, there is documentation of ongoing treatment with Norco. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation that patient is stable in the use of Norco for breakthrough pain there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg, #240 dispensed on 9/16/14 is not medically necessary.

Right Knee Synvisc- one injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Hyaluronic Acid Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections

Decision rationale: MTUS does not address this issue. ODG identifies documentation of significant improvement in symptoms for 6 months or more, and symptoms recur, as criteria necessary to support the medical necessity of repeat series of hyaluronic acid injections. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic right knee pain, chronic left knee pain, chronic low back pain, right elbow pain. However, despite documentation of significant improvement in symptoms for 6 months, and symptoms recur there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous

Synvisc injection. Therefore, based on guidelines and a review of the evidence, the request for Right Knee Synvisc- one injection is not medically necessary.