

Case Number:	CM14-0155867		
Date Assigned:	09/25/2014	Date of Injury:	06/29/2000
Decision Date:	02/25/2015	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/23/2014

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. 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular 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 72 year old female who suffered an industrial related injury on 6/29/00. A physician's report dated 3/11/14 noted the injured worker had complaints of left knee pain. The injured worker was taking Nexium and Duragesic transdermal patch. The diagnosis was noted to be knee pain/joint pain leg. A physician's report dated 8/14/14 noted physical examination findings of slightly antalgic gait, left knee joint tenderness, decreased flexion and pain with flexion. Tenderness over the left patella and over the lateral joint line was noted. Pain with extension and painful flexion was noted. Mild effusion was also noted on the left knee. On 9/9/14 the utilization review (UR) physician modified the request for Duragesic patches 75 mcg/hr. patch #15. The UR physician noted based on lack of guideline support for long term of opioids without evidence of functional improvement and previous recommendations of weaning, continued use of a Duragesic patch is not warranted. One additional refill of this medication is indicated for the purpose of weaning therefore the request was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 75mcg/hr patch #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management Page(s): 78-80.

Decision rationale: Duragesic 75mcg/hr. patch, #15 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for Duragesic 75mcg/hr. patch, #15 is not medically necessary.