

Case Number:	CM15-0176747		
Date Assigned:	09/17/2015	Date of Injury:	03/05/1999
Decision Date:	10/20/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/08/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 68 year old male sustained an industrial injury on 3-5-99. Documentation indicated that the injured worker was receiving treatment for lumbago, sacroiliac joint dysfunction, sciatica and neuralgia. Previous treatment included epidural steroid injections and medications. In PR-2's dated 1-13-15, 2-10-15, 3-16-15, 4-30-15, 5-14-15 and 6-15-15, the injured worker complained of back and hip pain, rated 4-5 out of 10 on the visual analog scale with medications. Medications included Oxycodone, Lidoderm patch, Duragesic patch, Requip and Xanax. In a PR-2 dated 7-15-15, the injured worker complained of back and hip pain, rated 7 out of 10 on the visual analog scale without medications and 4 out of 10 with medications. The injured worker reported being able to perform activities of daily living, drive and walk without the use of an assistive device. Physical exam was remarkable for tenderness to palpation to the lumbar and thoracic paraspinal areas and musculature with mild pain on flexion and extension, diminished sensation in the L5-S1 distribution and negative straight leg raise. The injured worker walked with a "painful" and antalgic gait. The physician noted that the injured worker had a recent pulmonary embolism and was being treated with anticoagulant therapy. The injured worker had recovered from surgery to repair a perforated bowel that was a complication of gastric bypass surgery. The treatment plan included continuing medications (Duragesic patch, Oxycodone, Requip and Xanax). On 8-4-15, Utilization Review noncertified a request for Duragesic Transdermal patch 12mcg, Duragesic Transdermal patch 25mcg and Oxycodone 30mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesit transdermal patch 12mcg: 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): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review non-certified the requests for 12 and 25 mcg Duragesic patches, as well as oxycodone. Optimally weaning may have been facilitated by a reasonable taper, however, given that the most recent clinical note making the request is dated for over two months ago, there is no indication to continue opioid treatment because weaning has likely already occurred. Given the lack of clear evidence to support functional improvement on the medications and the chronic risk of continued treatment, the request for continuing opioid treatment is not considered medically necessary.

Duragesic transdermal patch 25mcg: 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): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Opioids, specific drug list.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable.

Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review non-certified the requests for 12 and 25 mcg Duragesic patches, as well as oxycodone. Optimally weaning may have been facilitated by a reasonable taper, however, given that the most recent clinical note making the request is dated for over two months ago, there is no indication to continue opioid treatment because weaning has likely already occurred. Given the lack of clear evidence to support functional improvement on the medications and the chronic risk of continued treatment, the request for continuing opioid treatment is not considered medically necessary.

Oxycodone 30mg: 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): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, specific drug list.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review non-certified the requests for 12 and 25 mcg Duragesic patches, as well as oxycodone. Optimally weaning may have been facilitated by a reasonable taper, however, given that the most recent clinical note making the request is dated for over two months ago, there is no indication to continue opioid treatment because weaning has likely already occurred. Given the lack of clear evidence to support functional improvement on the medications and the chronic risk of continued treatment, the request for continuing opioid treatment is not considered medically necessary.