

Case Number:	CM13-0013570		
Date Assigned:	06/09/2014	Date of Injury:	01/29/1975
Decision Date:	08/08/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/19/2013

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 in Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of January 29, 1975. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; multiple foot and ankle surgeries, including, most recently, ankle fusion surgery; unspecified amounts of physical therapy; and opioid therapy. In a Utilization Review Report dated August 12, 2013, the claims administrator partially certified fentanyl, partially certified Nucynta, and partially certified Neurontin while approving a urine drug screen. The claims administrator seemingly partially certified the medications for weaning purposes. The applicant's attorney subsequently appealed. CT scanning of the ankle dated August 7, 2013 was notable for unchanged indwelling postoperative hardware following earlier foot fusion surgery. In a July 24, 2013 progress note, the applicant reported persistent complaints of low back pain radiating to the right thigh. The applicant was using Amrix, Duragesic, Nucynta, Abilify, Voltaren, and Neurontin, it was stated. It was stated that the applicant was working full time modified duty as a parts counter person at Harley Davidson. The applicant was asked to pursue epidural steroid injection therapy. The attending provider suggested drug testing. Neurontin, Nucynta, and Duragesic were renewed, along with the applicant's permanent work restrictions. Other progress notes of June 4, 2013 and June 26, 2013 suggested that the applicant was also working full time modified work as of those points in time. On May 22, 2013, it was stated that the applicant was attending a gym. The attending provider stated that the applicant was not experiencing any adverse effects of opioid therapy but did not elaborate upon how ongoing opioid therapy was ameliorating the applicant's ability to perform activities of daily living. In an April 24, 2013 progress note, the attending

provider suggested that the applicant was no longer working as a parts counter person and had not worked since April 30, 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 75 mcg #10 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS (SPECIFIC DRUG LIST).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80. Decision based on Non-MTUS Citation Drug Enforcement Administration (DEA) website (http://www.deadiversion.usdoj.gov/faq/mult_rx_faq.htm).

Decision rationale: Fentanyl is a DEA schedule II drug. As noted by the Drug Enforcement Administration (DEA), the issuance of refills for a schedule II controlled substance is prohibited by law. It is further noted that the applicant failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, there is no documentation of clear improvements in functions or reductions in pain achieved as a result of ongoing opioid therapy. The attending provider seemingly refilled the medications from visit to visit without any clear evidence of reductions in pain levels or improvements in function achieved as a result of ongoing Fentanyl patch usage. The applicant's work status, furthermore, has been incongruously stated. It does not appear that the applicant is working. Based on the information on file, it does not appear that the applicant has worked since 2012, despite ongoing usage of fentanyl (Duragesic). Therefore, the request for Fentanyl patch 75 mcg #10 with 2 refills is not medically necessary.

Nucynta 100 mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the attending provider has not recounted any improvements in pain or function achieved as a result of ongoing opioid therapy. The attending provider did not describe any reductions in pain or improvements in function achieved as a result of ongoing opioid therapy in any recent progress note provided. The attending provider has, furthermore, failed to clearly recount the applicant's work status. It does not appear that the applicant is working; it was suggested on a recent progress note, moreover. Therefore, the request for Nucynta 100 mg #120 with 1 refill is not medically necessary and appropriate.

Gabapentin 600 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent on the provider prescribing Gabapentin to document improvements in pain and function at each visit in applicants using Gabapentin. In this case, there have been no clearly described improvements in pain or function achieved despite ongoing Gabapentin usage. The applicant does not appear to be working. The applicant appears to remain highly reliant and highly dependent on opioid therapy, despite ongoing usage of Gabapentin. All of the above, taken together, implies that that ongoing usage of Gabapentin has not been beneficial in terms of the functional improvement parameters established in MTUS 9792.20f. Therefore, the request for Gabapentin 600 mg #90 is not medically necessary and appropriate.