

Case Number:	CM13-0040546		
Date Assigned:	07/23/2014	Date of Injury:	04/12/2001
Decision Date:	09/03/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/29/2013

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 pain syndrome reportedly associated with an industrial injury of April 12, 2001. Thus far, the applicant has been treated with analgesic medications; attorney representation; adjuvant medications; long and short-acting opioids; unspecified amounts of chiropractic manipulative therapy and massage therapy; earlier shoulder arthroscopy; epidural steroid injection therapy; and a TENS unit. In a Utilization Review Report dated September 20, 2013, the claims administrator partially certified a request for Duragesic and Norco. The partial certification for Fentanyl was apparently predicated on the fact that ODG did not recommend Fentanyl for musculoskeletal pain. In a February 17, 2014 progress note, the applicant presented with chronic neck pain radiating to left upper extremity and chronic low back pain radiating into the left lower extremity. The applicant was described as reporting 7-8/10 pain despite ongoing usage of Duragesic and Norco. The applicant stated that her pain complaints were worse as compared to baseline. The applicant's medication list included Norco, Neurontin, Cymbalta, Duragesic, Sucralfate, Coreg, Spiriva, Wellbutrin, Crestor, Singulair, and Ambien. The applicant was described as disabled, and not currently working. The attending provider stated that the applicant was able to do some household chores. This was not elaborated as to precisely what the applicant was able to perform. Multiple medications were refilled, including Duragesic and Norco. In a September 18, 2001 Medical-Legal Evaluation, it was stated that the applicant could not do the type of work which she formerly performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 12.5mcg, QTY: 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 75-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Pain Chapter, Fentanyl.

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 applicant's pain complaints are quite high, in the 8/10 range, despite ongoing usage of opioids. The applicant is not working. The applicant has been deemed disabled. The attending provider has not outlined what (if any) improvements in function have been effected as a result of ongoing Fentanyl usage. Therefore, the request is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 75-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic 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 applicant is off of work. The applicant has been deemed disabled, it has been suggested. The applicant's pain complaints are quite high, in the 8/10 range, despite ongoing Norco usage. No concrete, material, or tangible improvements in function have been attributed to ongoing usage of Norco. Therefore, the request is not medically necessary.