

Case Number:	CM13-0063389		
Date Assigned:	12/30/2013	Date of Injury:	01/24/2007
Decision Date:	04/15/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/10/2013

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 low back pain, SI joint pain, and peroneal neuropathy reportedly associated with an industrial injury of January 24, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; long-acting opioids; and unspecified amounts of acupuncture over the life of the claim. In a Utilization Review Report of December 5, 2013, the claims administrator partially certified fentanyl patches, apparently for weaning purposes. The rationale was very difficult to follow. In one section of the UR report, it was stated that fentanyl was "recommended" in this case. It was stated that the applicant had returned to work and had reportedly improved in terms of performance of activities of daily living as a result of fentanyl usage. Then, in another section of the report, the claims administrator wrote that "no evidence had been provided to overrule guideline recommendations." Thus, the overall decision was quite incongruous and very difficult to follow. Similarly, the claims administrator did extend acupuncture treatments on the grounds that the applicant had reportedly benefitted with prior acupuncture. Six additional treatments were partially certified. The applicant's attorney appealed the partial certifications. In an August 9, 2013 progress note, it is stated that the applicant is returned to work. A prescription for Duragesic is renewed. The applicant is having a good day but still has associated SI joint tenderness. She is apparently working regular duty as a teacher. On September 7, 2013, the applicant was again described as "busy at work." Medications, including Duragesic, were refilled. On October 1, 2013, the applicant was described as essentially unchanged, received medication refills, and was again returned to work. On November 25, 2013, the applicant was again returned to work. She was described as stable on the current medication regimen. She was described as having responded favorably to earlier

acupuncture. An earlier handwritten note of July 15, 2013 does state that the applicant is reporting appropriate reduction in pain scores with ongoing Duragesic usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 ACUPUNCTURE SESSION: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.c1, the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." In this case, the attending provider's request is in excess of the MTUS parameters. No rationale for treatment above and beyond MTUS parameters was provided by the attending provider. Therefore, the request is not certified on the grounds that the request is in excess of that suggested in MTUS 9792.24.1.c1.

FENTANYL 75 MCG PATCHES: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS PAGE 80, and DURAGESIC Page(s): 44.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of the same. In this case, the applicant is described as having returned to regular duty work as a teacher. She is described as reporting appropriate analgesia with ongoing Duragesic usage. Per the claims administrator's Utilization Review Report, the applicant previously tried other opioid analgesics before Duragesic or fentanyl was considered. Thus, on balance, MTUS criteria for continued usage of Duragesic or fentanyl have been met. While page 44 of the MTUS Chronic Pain Medical Treatment Guidelines does not support Duragesic or fentanyl as a first-line opioid agent, the claims administrator has suggested that the applicant has tried and failed other opioids. The information on file does establish the presence of appropriate analgesia and successful return to work with ongoing fentanyl usage. Accordingly, the request is certified, on Independent Medical Review.