

Case Number:	CM14-0015869		
Date Assigned:	06/04/2014	Date of Injury:	01/03/2013
Decision Date:	07/11/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/07/2014

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. 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:

Injured worker is a female with date of injury January 3, 2013. Per primary treating physician's progress report, the injured worker complains of pain in the right leg and right knee, with weakness of the right calf muscles. She reports no change in pain condition. Her mother helps with her prescription which helps with her pain. She continues physical therapy three times weekly. Her pain is described as sharp, dull/aching, throbbing, pins and needles, numbness, pressure, electrical/shooting, burning, stinging, cramping, weakness, and spasm. Her current pain rating on a good day is 6/10 and on a bad day 10/10, which is unchanged from previous pain assessment. Aggravating factors include cold, activity, standing, walking, massage. Alleviating factors include cold, rest, lying down, sitting, medication. On exam there is a scar over lateral surface of right leg with tenderness. Injured worker walks with a limp on right side and has weakness over right lower extremity due to pain and injury. There is increased sensitivity to light touch over right leg. Diagnoses include 1) injury right leg 2) history of infection to skin and soft tissue of right leg 3) depression 4) anxiety disorder 5) history of drug abuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

DILAUDID 4MG #100, AS PRESCRIBED ON 1/23/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid) Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Weaning of Medication Section Page(s): 74-95, 124.

Decision rationale: The injured worker is being treated chronically with opioid pain medications. The only indication that these medications are effective are subjective reports that the medications improves function. There is no documentation of what functional improvement is experienced with the use of opioid medications. Examination does not indicate that the injured worker has any significant functional deficits that may be improved with opioid pain medication. It is noted that the injured worker has a history of opioid and benzodiazepine medication abuse. The most recent urine drug screen and interpretation was in April 2013, which did not identify any indications of illicit drug abuse or diversion. The injured worker reports that her mother helps with administration of her pain medications. The Chronic Pain Medical Treatment Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. The use of chronic opioid therapy should be accompanied with a written pain agreement and periodic screening for abuse. It is noted that there is a comment of urine drug screening performed every third visit, but these reports are not evident except for the interpretive report done in April 2013. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for Dilaudid 4 mg, 100 count, as prescribed on January 23, 2014, is not medically necessary or appropriate.

FENTANYL PATCH 25MCG #10, AS PRESCRIBED ON 1/23/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Transdermal (Duragesic) Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The injured worker is being treated chronically with opioid pain medications. The only indication that these medications are effective are subjective reports that the medications improves function. There is no documentation of what functional improvement is experienced with the use of opioid medications. Examination does not indicate that the injured worker has any significant functional deficits that may be improved with opioid pain medication. It is noted that the injured worker has a history of opioid and benzodiazepine medication abuse. The most recent urine drug screen and interpretation was in April 2013, which did not identify any indications of illicit drug abuse or diversion. The injured worker reports that her mother helps with administration of her pain medications. The Chronic Pain Medical Treatment Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. The use of chronic opioid therapy should be accompanied with a written pain agreement and periodic screening for abuse. It is noted that there is a comment of urine drug

screening performed every third visit, but these reports are not evident except for the interpretive report done in April 2013. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for Fentanyl patch 25 mcg, ten count, as prescribed on January 23, 2014 is not medically necessary or appropriate.