MAXIMUS Federal Services

Case Number:	CM14-0029844		
Date Assigned:	06/20/2014	Date of Injury:	11/04/2010
Decision Date:	07/17/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/10/2014

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 Surgery, and is licensed to practice in Texas. 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 injured worker is a 38 year old female who suffered a cumulative trauma industrial injury with reported date of injury of 11/4/10. The mechanism of injury is described as moving stacks of papers with frequent overhead reaching and frequent computer use. The claimant complains of chronic neck and back, right shoulder, arm and hand pain. There was a cervical spine MRI dated 1/13/13 which revealed no neurocompressive lesions, no central stenosis and only mild kyphosis of the mid spine; however, the actual report was not available for review. There has been a request for opioids including Fentanyl Patches and Oxycodone. There is no mention of a narcotics contract. There is no mention of any urine drug testing and their results to monitor compliance. There has been a letter of appeal dated 3/13/14 submitted since the UR determination. It outlines the claimant has exhausted conservative care including physical therapy, acupuncture, massage therapy, Transcutaneous Electrical Nerve Stimulation (TENS) and a home exercise program. The injured had other narcotics such as methadone, morphine, Dilaudid, Butrans, and Nucynta. It also reports that Oxycontin was helpful, but denied by UR previously. There have been injections provided but to which body part and their outcomes are not elaborated. There is no documentation of other medications such as tricyclic antidepressants having been exhausted as recommended by the MTUS. The physical examination that is submitted for the cervical spine reveals only range of motion restrictions. There are no motor or sensory losses noted. The right shoulder exam noted reduced range of motion with crepitance about the glenohumeral joint. There is tenderness noted in the acromioclavicular, glenohumeral joints and the medical aspect of the scapula. There is positive impingement noted, but no other objective orthopedic tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50mcg/hr transdermal patch 1 patch every 2 days as needed #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92-93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The regimen of opioids as requested represents Fentanyl patches at 50mcg/hr or 120 Morphine Equivalents along with Oxycodone at 15mg five times a day or 107.5 Morphine Equivalents for a total of 227.5 morphine equivalents per day. This is inappropriate for the treatment of cumulative trauma disorder and fibromyalgia. 227.5 Morphine Equivalents is far in excess of the 120 Morphine Equivalents per day as recommended by the Official Disability Guidelines. While the dose in morphine equivalents is not an absolute limit, it is noteworthy that doses higher doses have less efficacy and more adverse side effects when considering non-malignant pain. The California MTUS holds that urine drug testing is necessary for ongoing management as well as documentation of compliance. There is a lack of documentation of such and the dosage as requested is far in excess of those with non-malignant nociceptive pain. Finally there is reported depression for which there has not been adequate treatment with antidepressants. This may impact the use of narcotics. While there has been a request for cognitive behavior therapy, there have not been any sessions of psychotherapy or addition of antidepressants documented. Considering the high dosage requested, it may be necessary to entertain that hyperalgesia is operant as the pain reported is in excess of the objective findings. Therefore the request is not medically necessary.