

Case Number:	CM14-0042584		
Date Assigned:	06/30/2014	Date of Injury:	08/20/1996
Decision Date:	09/19/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/09/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, hand, and bilateral upper extremity pain reportedly associated with an industrial injury of August 20, 1996. The applicant has, however, alleged cumulative trauma as opposed to a specific, discrete injury, it is incidentally noted. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; multiple cervical spinal surgeries; and anxiolytic medications. In a Utilization Review Report dated April 1, 2014, the claims administrator denied a request for Fentanyl, conditionally denied a request for Klonopin, and partially certified a request for Oxycodone, apparently for weaning purposes. In an April 8, 2014 letter, the applicant appealed. The applicant stated that she was having difficulty typing the letter owing to both ongoing complaints of pain as well as owing to the lack of a working printer. The applicant complained that the claims administrator had failed to factor into account the recommendations of two separate medical legal evaluators. The applicant did not, however, clearly establish or suggest that the medications in question had proven efficacious. The applicant stated that there were times when she was in such great pain that she was unable to perform activities of daily living such as cooking, laundry, and housework. On May 21, 2014, the applicant reported persistent complaints of low back pain. The applicant received a trigger point injection. The applicant had issues with rheumatoid arthropathy and rheumatoid arthritis. The applicant was tearful. The Fentanyl, Oxycodone, and Lamictal were endorsed. The applicant's work status was not provided. On September 24, 2012, the applicant reported pain ranging from 7 to 9/10. The applicant stated that her symptoms were being alleviated somewhat with medications. The applicant was using marijuana occasionally, it was stated. The applicant was also smoking half a pack a day. The applicant was on Baclofen,

Duragesic, Neurontin, Ativan, Mobic, methotrexate, and Oxycodone, it was further noted. Oxycodone was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 75mcg #10: 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 Discontinue Opioids topic Page(s): 79, 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 is having difficulty performing activities of daily living as basically as cooking, cleaning, and doing laundry, owing to ongoing complaints of pain. Neither the attending provider nor the applicant has established the presence of any tangible decrements in pain achieved as a result of ongoing Fentanyl usage. It is further noted that page 79 of the MTUS Chronic Pain Medical Treatment Guidelines suggest immediate discontinuation of opioids in applicants who are using illicit substances. In this case, the applicant appears to be using marijuana. For all the stated reasons, then, continuing Fentanyl is not indicated here. Therefore, the request is not medically necessary.

Oxycodone 20mg #100: 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 Discontinue Opioids topic Page(s): 79, 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's pain complaints appear to be heightened, as opposed to reduced, despite ongoing opioid therapy with Oxycodone. The applicant is having difficulty performing even basic activities of daily living such as household chores, cooking, laundry, etc., despite ongoing usage of Oxycodone. It is further noted that page 79 of the MTUS Chronic Pain Medical Treatment Guidelines suggest "immediate discontinuation" of opioids in applicants who are using illicit substances. In this case, the applicant is using marijuana on at least an intermittent basis. For all the stated reasons, then, the request is not medically necessary.

