

Case Number:	CM15-0002821		
Date Assigned:	01/13/2015	Date of Injury:	11/22/2006
Decision Date:	03/16/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43-year-old female who reported an injury on 11/22/2006. The mechanism of injury was not provided. Her diagnoses include cervical radiculopathy, cervical pain, elbow pain, shoulder pain, and carpal tunnel syndrome. Past treatment was noted to include medications. On 12/05/2014, it was noted the injured worker had complaints of pain to her neck and right upper extremity. She reported that her medications were working well, and that side effects included constipation. The constipation is controlled with medication. Upon physical examination, it was noted the injured worker had decreased range of motion to her cervical spine. Medications were noted to include fentanyl 25 mcg, oxycodone 30 mg, Emsam 9 mg, Senokot 8.6 mg, gabapentin 100 mg, modafinil 200 mg, pantoprazole 40 mg, docusate sodium 250 mg, topiramate 100 mg, and Colace 250 mg. The treatment plan was noted to include diagnostics, referrals, durable medical equipment, therapy, labs, and medications. A request was received for fentanyl 25 mcg/hr patch 1 patch to skin every 3 days with a quantity of 10, oxycodone HCL 30 mg tablet take 1 four times a day as needed with a quantity of 120, and docusate sodium 250 mg capsule take 1 twice daily with a quantity of 60, for better baseline control of pain, pain management, and constipation. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg/hr patch; SIG: One patch to skin Q 3days. QTY: 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93, 78-80,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93.

Decision rationale: The request for fentanyl 25 mcg/hr patch, 1 patch to skin every 3 days with a quantity of 10, is not medically necessary. According to the California MTUS Guidelines, fentanyl is a highly potent opioid analgesic for pain that cannot be managed by other means. The clinical documentation submitted for review did not indicate that this injured worker was unable to receive pain relief from other methods. Additionally, it was not documented how this medication reduced her pain and improved her function. Consequently, the request is not supported by the evidence based guidelines. As such, the request for fentanyl 25 mcg/hr patch 1 patch to skin every 3 days with a quantity of 10, is not medically necessary.

Oxycodone HCL 30mg tablet; SIG: Take 1 four times a day as needed. QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93, 78-80,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for oxycodone HCL 30 mg tablet take 1 four times a day as needed with a quantity of 120 is not medically necessary. According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring including analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug taking behaviors. The clinical documentation submitted for review indicated the injured worker was compliant with the medication regimen. However, it was not indicated specifically how this medication relieved her pain and improved her function. Consequently, the request is not supported by the evidence based guidelines. As such, the request for oxycodone HCL 30 mg tablet take 1 four times a day as needed with a quantity of 120 is not medically necessary.

Docusate Sodium 250mg Capsule; SIG: Take 1 twice a daily. QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment.

Decision rationale: The request for docusate sodium 250 mg capsule take 1 twice daily with a quantity of 60 is not medically necessary. According to the Official Disability Guidelines, some laxatives may help stimulate gastric motility and help loosen stools, add bulk, and increase water content in the stool. The clinical documentation submitted for review indicated that the injured worker's constipation was controlled with medications. However, it was not indicated specifically how docusate sodium benefitted her. Consequently, the request is not supported by the evidence based guidelines. As such, the request for docusate sodium 250 mg capsule take 1 twice daily with a quantity of 60 is not medically necessary.