MAXIMUS Federal Services

Case Number:	CM15-0137544		
Date Assigned:	07/27/2015	Date of Injury:	06/22/2003
Decision Date:	08/24/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/15/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old female sustained an industrial injury on 6/22/03. She subsequently reported back pain. Diagnoses include cervical radiculopathy. Treatments to date include MRI and x-ray testing, acupuncture, back surgery, chiropractic care, physical therapy and prescription pain medications. The injured worker continues to experience headaches, neck, shoulder and arm pain. Upon examination, there was non-forward bent head and positive straightened cervical lordosis posture. Normal right upper limb posture. No fasciculations, no tremors noted. Gait/ balance is symmetrical without assistive device. A request for Retrospective usage of Fentanyl (DOS 3/11/13, 4/10/13) and Retrospective usage of Amoxicillin (DOS 3/25/15) was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective usage of Fentanyl (DOS 3/11/13, 4/10/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids of chronic pain Page(s): 76-83, 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 47.

Decision rationale: According to the guidelines, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had been on Butrans and Oxycodone other long and short acting opioids. The claimant had been on the medications for months. There was no indication for combining multiple opioids and no one opioid is superior to another. Pain score reduction with medications was not provided. Continued use of Fentanyl is not medically necessary.

Retrospective usage of Amoxicillin (DOS 3/25/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious Diseases Procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) infectious disease chapter and pg 6.

Decision rationale: According to the guidelines, Amoxicillin is recommended as 1st line for cellulitis. In this case, there was no documentation of fever, induration of skin, erythema that would necessitate Amoxicillin. The request for Amoxicillin is not medically necessary.