

Case Number:	CM15-0138449		
Date Assigned:	07/28/2015	Date of Injury:	01/13/1997
Decision Date:	08/27/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 13, 1997. In a utilization review report dated June 16, 2015, the claims administrator failed to approve requests for Dilaudid, Nucynta, and Duragesic. The claims administrator referenced an RFA form received on June 9, 2015 in its determination. The applicant's attorney subsequently appealed. On said June 9, 2015 RFA form, Dilaudid, Nucynta, Duragesic, and multilevel cervical medial branch blocks were sought. In an associated progress note on May 13, 2015, the applicant reported ongoing complaints of neck and low back pain. The attending provider stated that the applicant's ability to clean and cook had been ameliorated as a result of ongoing medication consumption. The attending provider stated that the applicant's ability to perform activities of personal hygiene had also been ameliorated as a result of ongoing medication consumption. The attending provider stated that the applicant's medications were reducing her pain. The applicant's medication list reportedly included tizanidine, Naprosyn, Celebrex, Neurontin, Zofran, Desyrel, Duragesic, Nucynta, Dilaudid, and Skelaxin, it was reported. Dilaudid, Nucynta, and Duragesic were all refilled. The applicant's work status was not explicitly stated at the bottom of the note, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg tab #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

Decision rationale: No, the request for Dilaudid, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be employed to improve pain and function. Here, however, the attending provider failed to make a clear or compelling case for concomitant usage of two separate short-acting opioids, Dilaudid and short-acting Nucynta. It was not stated why such usage was indicated via the May 13, 2015 office visit at issue. Therefore, the request was not medically necessary.

Nucynta 50mg tab #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management; Functional Restoration Approach to Chronic Pain Management Page(s): 78; 7.

Decision rationale: Similarly, the request for Nucynta, a second short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider failed to furnish a clear or compelling rationale for concomitant usage of two separate short-acting opioids, Nucynta and Dilaudid, via either the May 13, 2015 progress note or the June 9, 2015 RFA form at issue. Therefore, the request was not medically necessary.

Fentanyl 12mcg/hr patch #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for Fentanyl (Duragesic), a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. 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. Here, however, the attending provider failed to outline the applicant's work status on May 13, 2015. It does not appear, however, the applicant was working at that point in time. While the attending provider stated that the applicant was deriving some analgesia as a result of ongoing medication consumption, this was not quantified. The attending provider's reports of subjective analgesia effected as a result of ongoing medication consumption were, moreover, outweighed by the attending provider's failure to outline the applicant's work status and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any), effected as a result of ongoing Duragesic (Fentanyl) usage. The attending provider's commentary to the effect that the applicant's ability to perform activities of self-care, person hygiene, cook, and clean as a result of ongoing medication consumption did not constitute evidence of a meaningful, material, or substantive improvement in function effected as a result of ongoing Fentanyl usage and was, as noted previously, outweighed by the attending provider's failure to clearly recount the applicant's work status. Therefore, the request was not medically necessary.