MAXIMUS Federal Services

Case Number:	CM15-0149266		
Date Assigned:	08/12/2015	Date of Injury:	06/03/2011
Decision Date:	09/14/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/31/2015

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 45-year-old who has filed a claim for chronic neck, shoulder, and upper extremity pain reportedly associated with an industrial injury of June 3, 2011. In a Utilization Review report dated July 10, 2015, the claims administrator failed to approve requests for fentanyl, Norco, and Norflex. The claims administrator referenced a June 16, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On June 16, 2015, the applicant reported ongoing complaints of neck pain with associated upper extremity paresthesias, exacerbated by pulling, pushing, and carrying. The applicant reported that her pain medications were reducing her pain scores by about 50%. Norco, Lyrica, Norflex, and Protonix were all renewed. The applicant had undergone earlier cervical disc replacement arthroplasty surgery, it was reported. The applicant's work status was not furnished. On January 16, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck pain. Duragesic, Norco, Lyrica, Protonix and Norflex were all renewed. The applicant stated that her medications were allowing her to do light cooking, visit her grandmother, and avoid spending all 24 hours a day in bed. On August 21, 2015, the applicant was again placed off of work, on total temporary disability. It was stated that the applicant had reported a 50% reduction in pain scores because of ongoing medication consumption. Physical therapy, Duragesic, Norco, Lyrica, Norflex, and Protonix were all renewed while the applicant was kept off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg/hr #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44,47.

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

Decision rationale: No, the request for fentanyl (Duragesic), a long-acting opioid, was 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, while the attending provider did report a 50% reduction in pain scores reportedly effected as a result of ongoing medication consumption on June 16, 2015 and August 21, 2015, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to identify meaningful, material and substantive improvements in function (if any) effected as a result of ongoing medication consumption. The applicant was placed off of work, on total temporary disability, on August 21, 2015 and was also off of work, on total temporary disability, as of an earlier note of January 16, 2015. The August 21, 2015 and June 16, 2015 progress notes failed to identify meaningful improvements in function (if any) effected because of the ongoing fentanly usage. The commentary made on January 16, 2015 to the fact that the applicant would be bedridden without her medications did not constitute evidence of substantive benefit affected because of ongoing fentanyl usage. Therefore, the request was not medically necessary.

Hydrocodone APAP 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

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

Decision rationale: Similarly, the request for hydrocodone-acetaminophen (Norco), a short-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 applicant was seemingly off of work, on total temporary disability, as the date in question, June 16, 2015. The applicant had essentially remained off of work throughout all 2015, it was suggested on progress notes of January 16, 2015 and August 21, 2015, referenced above. While the attending provider did recount a 50% reduction in pain scores reportedly effected as a result of ongoing medication consumption on various dates, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful,

material, and/or substantive improvements in function (if any) effected as a result of ongoing opioid usage. Therefore, the request was not medically necessary.

Orphenadrine Citrate ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Finally, the request for orphenadrine (Norflex), a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants are recommended with caution as second-line option in short-term treatment of acute exacerbation of chronic low back pain, here, however, the 60-tablet supply of orphenadrine (Norflex) at issue suggests chronic, long-term, and/or twice-daily usage, i.e., usage in excess of the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.