

Case Number:	CM15-0183291		
Date Assigned:	09/24/2015	Date of Injury:	11/17/2006
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/17/2015

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

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 injured worker is a 57 year old female, who sustained an industrial injury on 11-17-06. Medical record indicated the injured worker is undergoing treatment for long term use of medications, depressive disorder, cervicgia, insomnia, opioid type dependence and chronic pain syndrome. Treatment to date has included oral medications including Cymbalta, Xanax, Zolpidem, Ibuprofen, Gabapentin, Flexeril, Norflex, zanaflex, Tramadol, Codeine, Hydrocodone, Oxycodone (for greater than 6 months), Morphine, Hydromorphone and Meperidine; topical Fentanyl (since at least 12-12-12), Flector patch and Voltaren gel; aqua therapy, acupuncture and lumbar and cervical epidural injections. A urine drug screen performed on 5-13-15 was noted to be consistent with medications prescribed. Currently 8-7-15, the injured worker complains of midline neck pain which is constant with dulled tingling pressure which is worsened by sitting, standing and walking and is relieved by medication and lying down; hand and thumb pain that is constant described as sharp, dull, achy tingling and agonizing and associated with weakness of right and left hands and low back pain which she says is minor. Physical exam dated 8-7- 15 revealed no abnormalities. The treatment plan included refilling Fentanyl 75mcg #15, 2 prescriptions, Oxycodone 15mg #90 2 prescriptions and refilling Gabapentin 300mg #180 with 1 refill. On 9-2-15, utilization review non-certified Oxycodone 15mg #90 and Fentanyl patches 75mcg.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tabs Oxycodone 15 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The MTUS recommends Oxycodone for moderate to moderately severe pain. Opioids for chronic pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time limited course of opioids it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. The patient's current total daily opioid use is above the recommended maximum dose. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. 90 Tabs Oxycodone 15 MG is not medically necessary.

15 Fentanyl Patches 75 MCG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. The patient's current total daily opioid use is above the recommended maximum dose. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. 15 Fentanyl Patches 75 MCG is not medically necessary.

15 Fentanyl Patches 75 MCG (Do Not Fill Until 9/7/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. The patient's current total daily opioid use is above the recommended maximum dose. 15 Fentanyl Patches 75 MCG (Do Not Fill Until 9/7/15) is not medically necessary.

90 Tabs Oxycodone 15 MG (Do Not Fill Until 9/7/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The MTUS recommends Oxycodone for moderate to moderately severe pain. Opioids for chronic pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time limited course of opioids it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. The patient's current total daily opioid use is above the recommended maximum dose. 90 Tabs Oxycodone 15 MG (Do Not Fill Until 9/7/15) is not medically necessary.