

Case Number:	CM15-0198487		
Date Assigned:	10/13/2015	Date of Injury:	05/02/2006
Decision Date:	12/01/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/08/2015

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 56-year-old who has filed a claim for chronic neck pain and headaches reportedly associated with an industrial injury of May 2, 2006. In a Utilization Review report dated September 10, 2015, the claims administrator failed to approve requests for Duragesic, Dilaudid, and Zofran. The claims administrator referenced an RFA form received on September 2, 2015 and an associated office visit dated August 6, 2015 in its determination. Also cited was a letter dated August 17, 2015. The applicant's attorney subsequently appealed. On August 6, 2015, the applicant reported ongoing complaints of neck pain status post earlier epidural steroid injection therapy and status post earlier medial branch block therapy. Highly variable 1-8/10 pain complaints were noted. The applicant was on Oxycodone immediate release, Norco, Xanax, Soma, and Fioricet. The attending provider contended that the applicant's medications were allowing her to get up out of bed and do unspecified household chores. Cervical radiofrequency ablation procedures were sought. The applicant's work status was not detailed, although it did not appear that the applicant was working. The applicant had reportedly made several trips to the Emergency Department, the treating provider acknowledged, alleging flares in pain. The applicant had apparently received IV opioids through the Emergency Department. On August 17, 2015, the applicant was again described as having made frequent visits to the Emergency Department alleging flares of headaches and the like. The applicant was being given Dilaudid in the Emergency Department. The applicant was also using Norco, Xanax, Soma, and Valium, it was reported. The applicant had made at least 10 trips to the Emergency Department over the preceding month, the treating provider reported. Dilaudid, Duragesic, and Zofran were endorsed. Zofran was apparently endorsed for nausea associated with headaches. It was not clear what the source of the claimant's headaches was, although the treating provider suggested that the claimant's medication management was suboptimal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 25mcg #18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, indicators for addiction.

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 78 of the MTUS Chronic Pain Medical Treatment Guidelines, prescriptions for opioids should be obtained from a single practitioner. Here, thus, the applicant's frequent trips to the Emergency Department to receive IV Dilaudid, thus, was at odds with page 78 of the MTUS Chronic Pain Medical Treatment Guidelines and with page 87 of the MTUS Chronic Pain Medical Treatment Guidelines which also notes that frequent visits to the Emergency Department and unscheduled clinic appointments alleging distress represent indicators and predictors of possible misuse of controlled substances and/or addiction. Here, the claimant's receipt of medications from multiple providers and frequent visits to the Emergency Department (at least 10 visits in the month proceeding August 17, 2015), thus, was at odds with pages 78 and 87 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Dilaudid 8mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, indicators for addiction.

Decision rationale: Similarly, the request for Dilaudid, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 87 of the MTUS Chronic Pain Medical Treatment Guidelines, frequent visits to the Emergency Department represent a particular possible opioid misuse and/or opioid addiction. Here, the treating provider reported on August 17, 2015 that the applicant had made 10 trips to the Emergency Department over the preceding month. The applicant's frequent trips to the Emergency Department, thus, did seemingly represent a marker of possible opioid addiction or misuse and was, moreover, at odds with page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, which stipulates that applicants obtain opioid prescriptions from a single practitioner. Here, thus, the applicant had in fact received prescriptions from multiple practitioners via her frequent Emergency Department trips. Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that opioids should be discontinued in applicants in whom there is no overall improvement in function. Here, the progress notes of August 17, 2015 and August 6, 2015 failed to outline any clear or compelling evidence to support the proposition that the applicant had profited with ongoing opioid therapy. Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines notes that the 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, the applicant's work status was not reported on August 6, 2015 or August 17, 2015. The attending provider's

commentary on August 6, 2015 to the effect that the applicant would be bedridden without her medications did not constitute evidence of a substantive improvement achieved as result of ongoing opioid usage. Therefore, the request was not medically necessary.

Zofran 8mg #30 with 3 refills: 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), Pain (Chronic): Ondansetron (Zofran).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea) and Other Medical Treatment Guidelines.

Decision rationale: Finally, the request for Zofran, an antiemetic agent, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same, and should, furthermore, furnish compelling evidence to support such usage. While the Food and Drug Administration (FDA) notes that Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery, here, however, there was no mention of the applicant's having undergone cancer chemotherapy, radiation therapy, and/or surgery on or around the date in question, August 17, 2015. The attending provider stated that he was not certain what the source of the applicant's nausea was and speculated that the applicant's nausea could either represent a function of headaches, rebound headaches, or frequent opioid usage. ODGs Chronic Pain Chapter Antiemetics topic notes, however, that antiemetics are not recommended to ameliorate issues with nausea or vomiting associated with chronic opioid usage. Here, thus, the request for Zofran was at odds with both the FDA label and with the ODG position on the same. Therefore, the request was not medically necessary.