MAXIMUS Federal Services

Case Number:	CM15-0031045		
Date Assigned:	02/24/2015	Date of Injury:	04/11/2008
Decision Date:	04/23/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/19/2015

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:

This is a female injured worker who sustained an industrial injury on April 11, 2008. She has reported a trip and fall incident. The diagnoses have included lumbago and cervicalgia. Treatment to date has included diagnostic studies, trigger point injection and medications. On November 18, 2014, the injured worker complained of neck, low back and left shoulder pain. Notes stated that her medications bring her pain down to a 3 on a 1-10 pain scale. This allows her to work with restrictions. Without her medications her pain can reach up to a 10/10 on the pain scale. A trigger point injection was also reported to be helpful. On January 30, 2015 Utilization Review non-certified Relafen 750mcg #120, Celexa 20mg #60, Docuprene #120 and urine drug screen unspecified, noting the CA MTUS and Official Disability Guidelines. A request for of Fentanyl 50mcg #20 was modified to Fentanyl 50mcg #10, noting the CA MTUS Guidelines. A request for Norco 10/325mg #240 was modified to Norco 10/325mg #120, noting the CA MTUS Guidelines. On February 19, 2015, the injured worker submitted an application for Independent Medical Review for review of Fentanyl 50mcg #20, Norco 10/325mg #240, Celexa 20mg #60 and Docuprene #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 50mcg #20: Overturned

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

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

Decision rationale: 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 had in fact returned to and maintained part-time work status following introduction of opioid therapy, the prescribing provider maintained. The applicant's pain scores were appropriately reduced to 3/10 following usage of opioid agents, including Duragesic, the attending provider maintained. The attending provider also posited that ongoing usage of fentanyl (Duragesic) was ameliorating the applicant's ability to perform non-work activities of daily living. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Norco 10/325mg #240: Overturned

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

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

Decision rationale: 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, the applicant has apparently returned to and/or maintained part-time work status following introduction of analgesic medications. The applicant is deriving appropriate analgesia from ongoing Norco usage, the treating provider has maintained. Ongoing usage of Norco has ameliorated the applicant's ability to perform non-work activities of daily living, the treating provider further stated. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Celexa 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 402; 47.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Celexa may be helpful to alleviate symptoms of

depression, in this case, however, there was no mention of the applicant's having any issues with depression on multiple progress notes, referenced above, interspersed throughout late 2014. The attending provider did not state for what purpose Celexa was being employed. The MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending provider incorporate some discussion of efficacy of the medication for the particular condition for which it is being prescribed into his choice of recommendations. Here, however, such discussion was, quite clearly, absent insofar as Celexa was concerned. Therefore, the request was not medically necessary.

Docuprene #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is recommended in applicants using opioids. Here, the applicant is using two separate opioids, Duragesic and Norco. Prophylactic provision of Docuprene, a laxative agent, was indicated to combat any constipation symptoms the applicant might have experienced in conjunction with opioid consumption. Therefore, the request was medically necessary.