

Case Number:	CM15-0042672		
Date Assigned:	03/12/2015	Date of Injury:	01/24/2007
Decision Date:	04/20/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/06/2015

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, Illinois

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 31 year old female, who sustained an industrial injury on 1/24/07. The injured worker has complaints of increase in pain right buttocks with radiation in L5 distribution most days lasting from 1-3 days. Examination noted marked focal tenderness right low S1 area. The diagnoses have included lumbago and neuralgia. The documentation noted that she had right lower leg surgery on 2/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 75mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Discussion; Opioid Page(s): 8; 78-81.

Decision rationale: The injured worker sustained a work related injury on 1/24/07. The medical records provided indicate the diagnosis of lumbago and neuralgia. Treatment has included surgery on 2/26/1. The medical records provided for review do not indicate a medical necessity for Fentanyl 75mcg #10. The records indicate the injured worker is not being monitored for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, as is recommended by The MTUS for individuals on opioid maintenance treatment. Also, the MTUS recommends against the use of more than 120 morphine equivalents in a day, but this individual is using about 180 Morphine equivalents in a day. Furthermore, the records indicate the injured worker is not benefiting from the pain is evidenced from the increased pain and need for more medications. The MTUS recommends discontinuing opioids when there is no overall improvement. Additionally, the opioids are recommended for short term treatment of moderate to severe pain, but the records indicate the injured worker has been using opioids since 2012.

Fentanyl 75mcg #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; Opioid Page(s): 8; 78-81.

Decision rationale: The injured worker sustained a work related injury on 1/24/07. The medical records provided indicate the diagnosis of lumbago and neuralgia. Treatment has included surgery on 2/26/1. The medical records provided for review do not indicate a medical necessity for Fentanyl 75mcg #5. The records indicate the injured worker is not being monitored for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, as is recommended by The MTUS for individuals on opioid maintenance treatment. Also, the MTUS recommends against the use of more than 120 morphine equivalents in a day, but this individual is using about 180 Morphine equivalents in a day. Furthermore, the records indicate the injured worker is not benefiting from the pain is evidenced from the increased pain and need for more medications. The MTUS recommends discontinuing opioids when there is no overall improvement. Additionally, the opioids are recommended for short term treatment of moderate to severe pain, but the records indicate the injured worker has been using opioids since 2012.

Acupuncture Sessions QTY 4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on 1/24/07. The medical records provided indicate the diagnosis of lumbago and neuralgia. Treatment has included surgery on 2/26/1. The medical records provided for review do not indicate a medical necessity for Acupuncture Sessions QTY 4. The records indicate the injured worker had several sessions

of acupuncture for at least 4 months, but with only limited improvement. The MTUS recommends time to produce functional improvement as 3 to 6 treatments; frequency: 1 to 3 times per week; optimum duration: 1 to 2 months; to extend acupuncture treatments if there is functional improvement.