

Case Number:	CM15-0081277		
Date Assigned:	05/04/2015	Date of Injury:	07/19/1998
Decision Date:	06/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/28/2015

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: Emergency 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 male injured worker suffered an industrial injury on 07/19/1998. The diagnoses included brachial plexus lesions. The injured worker had been treated with nerve blocks and medications. On 3/11/2015 the provider reported severe bilateral upper extremity neuropathic pain. Documentation provided is incomplete with basic information on stability of condition but little else. On 4/8/2015 the treating provider reported stable severe limitations. There was continued neuritis and tenderness supraclavicularly bilaterally. The treatment plan included Fentanyl and Roxicodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100mg, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Fentanyl is an extended release transdermal an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider has failed to document support for continued opioid therapy. There is no pain assessment documented, no documentation of any objective improvement in pain or function and no documentation of monitoring for abuse or side effects. Fentanyl is not medically necessary.

Roxicodone 30mg, 3-4 per day, unknown quantity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Roxicodone is oxycodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider has failed to document support for continued opioid therapy. There is no pain assessment documented, no documentation of any objective improvement in pain or function and no documentation of monitoring for abuse or side effects. This request is also incomplete with total number of requested tablets not provided. Roxicodone is not medically necessary.