

Case Number:	CM14-0171194		
Date Assigned:	10/23/2014	Date of Injury:	08/23/2009
Decision Date:	12/09/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/16/2014

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. The expert reviewer is Board Certified in Occupational Medicine is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for ulnar neuropathy reportedly associated with an industrial injury of August 23, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 18, 2014, the claims administrator partially approved a request for fentanyl and Percocet. The applicant's attorney subsequently appealed. In an October 16, 2012 progress note, the applicant reported ongoing complaints of neck and shoulder pain, 8/10 with medications versus 5/10 without medications. The applicant stated that her ability to walk and move around her home was improved with medication consumption. The applicant's medications, at that point, included Duragesic, Percocet, Prilosec, Motrin, Desyrel, and Colace. The applicant was using a walker to move about. Multiple medications were continued. The applicant was already permanent and stationary, it was acknowledged. In an August 28, 2014 progress note, the applicant reported ongoing complaints of neck and mid back pain. The applicant scored her pain levels at 10/10 without medications versus 7/10 with medications. The applicant was using Duragesic, Percocet, Prilosec, Motrin, Colace, and Ambien, it was acknowledged. Permanent work restrictions were renewed. The attending provider acknowledged that the applicant was spending a lot of time in bed. Somewhat incongruously, the attending provider then noted that the applicant's ability to do household chores, including vacuuming, was improved with medication consumption. The attending provider stated that the applicant should try to improve her standing and walking tolerance to walk about a quarter mile a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Fentanyl patches #10 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. In this case, however, the applicant is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. While the attending provider has reported some reduction in pain scores from 10/10 without medications to 7/10 with medications, this appears to be a marginal-to-negligible benefit, one which is outweighed by the applicant's seeming failure to return to work, the applicant's difficulty performing activities of daily living as basic as standing and walking, the applicant's continued reliance on a walker to move about, and the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing opioid therapy, including ongoing fentanyl usage. Therefore, the request is not medically necessary.

Prospective request for 1 prescription of Percocet 10/325mg #180 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (Oxycodone & Acetaminophen)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. In this case, however, the applicant is off of work. The applicant does not appear to be working with permanent limitations in place. The applicant is having difficulty performing activities of daily living as basic as standing and walking, it has been acknowledged on several occasions, referenced above. The applicant is still using a walker to move about. The attending provider has himself acknowledged that the applicant does not get out of bed on some days. While the attending provider did report some reduction in pain scores from 10/10 without medications, 7/10 with medications, this is seemingly outweighed by the applicant's failure to return to work, continued difficulty performing activities of daily living as basic as standing and walking, and the attending provider's failure to recount any meaningful improvements in function achieved as a result of ongoing opioid therapy, including ongoing Percocet usage. Therefore, the request is not medically necessary.

