

Case Number:	CM15-0110798		
Date Assigned:	06/17/2015	Date of Injury:	04/30/2004
Decision Date:	07/17/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/09/2015

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 low back, shoulder, and groin pain reportedly associated with an industrial injury of April 30, 2004. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve requests for Roxicodone and Duragesic. The claims administrator referenced a RFA form received on May 6, 2015 in its determination. The applicant's attorney subsequently appealed. In a June 3, 2015 progress note, the applicant reported ongoing complaints of low back pain radiating to the right lower extremity. Ancillary complaints of groin pain were noted. The applicant was described as a relapsed alcoholic. The applicant was drinking shots of alcohol once or twice a day, it was reported. The applicant was working, it was stated in one section of the note. Oxycodone and methadone were renewed. The attending provider also stated that the applicant had imbibed cocaine. The attending provider stated that he was intent on employing methadone for the purposes of weaning the applicant off of oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 30mg #160: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 6) When to Discontinue Opioids Page(s): 79.

Decision rationale: No, the request for Roxycodone, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, "immediate discontinuation" of opioids has been suggested for individuals who are engaged in usage of illicit drugs and/or alcohol. Here, the applicant was described as a relapsed alcoholic and as cocaine user on June 3, 2015 progress note. It appeared, thus, that discontinuing Roxycodone was more appropriate option than continuing the same, given the reports of illicit drug abuse and/or alcohol abuse. Therefore, the request was not medically necessary.

Fentanyl Patches 25mcg/hr #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 6) When to Discontinue Opioids Page(s): 79.

Decision rationale: Similarly, the request for fentanyl (Duragesic), a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids in individuals who are abusing illicit substances. Here, the attending provider suggested that the applicant was abusing both cocaine and alcohol. Discontinuing Duragesic (fentanyl) was, thus, a more appropriate option than continuing the same, as suggested on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.