

Case Number:	CM15-0115111		
Date Assigned:	06/23/2015	Date of Injury:	12/29/1995
Decision Date:	09/02/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/15/2015

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 45-year-old who has filed a claim for chronic mid back pain reportedly associated with an industrial injury of December 29, 1995. In a Utilization Review report dated June 4, 2015, the claims administrator failed to approve requests for Norco and Fentanyl. The claims administrator referenced an RFA form of May 22, 2015 and an associated progress note of April 29, 2015 in its determination. The applicant's attorney subsequently appealed. On May 18, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed spine surgery. The applicant was on Duragesic, Prozac, Neurontin, Lidoderm, Norco, Prempro, and marijuana, it was reported. The applicant was asked to remain off of work "permanently". No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydro-APAP 10/325 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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

Decision rationale: No, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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 was off of work and had been deemed "permanently" disabled and it was reported on May 18, 2015. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage on that date. Therefore, the request is not medically necessary.

Fentanyl 12 MCG Qty 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44 and 47.

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) 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 has been suggested for applicants who are engaged in illegal activity, including usage of illicit drugs. Here, the applicant was using marijuana, an illicit drug, in conjunction with Fentanyl and it was reported on May 18, 2015. Discontinuing opioid therapy with Fentanyl, thus, appeared to represent a more appropriate option than continuing the same. Therefore, the request is not medically necessary.