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| <b>Case Number:</b>   | CM15-0118242 |                              |            |
| <b>Date Assigned:</b> | 06/26/2015   | <b>Date of Injury:</b>       | 01/20/2010 |
| <b>Decision Date:</b> | 09/11/2015   | <b>UR Denial Date:</b>       | 06/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/18/2015 |

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 41 year old female, who sustained an industrial injury on January 20, 2010. The injured worker was diagnosed as having right ulnar neuropathy, pain in right limb, disturbance of skin sensation, carpal tunnel syndrome and depression. Treatment to date has included multiple surgeries. A progress note dated May 22, 2015 provides the injured worker complains of neck, shoulder, arm, back, elbow, hand and buttock pain. She requests to return Oxycontin to 30mg instead of 20mg. She rates the pain 6/10 at best and 10/10 at worst with the average 8/10. She reports she can tolerate pain at a level 5/10. Physical exam notes use of right wrist brace and holding the right arm close to her body. There is a request for Propofol, acetaminophen, ringers lactate, Lidocaine, fentanyl citrate and Hydromorphone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Propofol 10mg Injection times two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing medication management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** According to the California MTUS for patients, taking opioid medications, ongoing review and documentation needs to include the patient's pain relief, functional status, and the 4 A's for ongoing monitoring. The 4 A's include activities of daily living, analgesia, adverse side effects, and aberrant drug taking behaviors. There is no mention of the injured worker having significant benefit from opioid therapy. There is no mention of improvement in function or ability to perform ADLs. Treatment with opiates is not recommended beyond 2 weeks according to the ODG. This request cannot be supported at this time.

**Acetaminophen Injection times two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tylenol Page(s): 11-12.

**Decision rationale:** According to the California MTUS, Tylenol is an option for treatment of chronic pain and acute exacerbations of chronic pain. Tylenol can be considered but it should be on a case by case basis. There is no mention as to why IV Tylenol is preferred over oral Tylenol. There is no mention of intolerance to oral Tylenol or ineffective analgesis with oral extra strength Tylenol. As such this request cannot be supported at this time.

**Ringers lactate Infusion times two refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [nlm.nih.gov/dailymed](http://nlm.nih.gov/dailymed).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Since the intravenous analgesics can not be considered medically necessary at this time, IV fluids are also not medically appropriate.

**Lidocaine Injection times two refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD consult Drug Monograph.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Since the primary opioid analgesics are not considered medically necessary, the remaining services and/or products are also not medically appropriate or certified at this time.

**Fentanyl Citrate injection times two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Since the primary opioid analgesics are not considered medically necessary, the remaining services and/or products are also not medically appropriate or certified at this time. Furthermore, for this particular product (Fentanyl), documentation of the 4 A's was not in the reviewed documentation and thus, ongoing opioid therapy is not considered appropriate presently.

**Hydromorphone injection times two refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Since the primary opioid analgesics are not considered medically necessary, the remaining services and/or products are also not medically appropriate or certified at this time. Furthermore, for this particular product (Hydromorphone), documentation of the 4 A's was not in the reviewed documentation and thus, ongoing opioid therapy is not considered appropriate presently.