

Case Number:	CM15-0173642		
Date Assigned:	09/15/2015	Date of Injury:	01/09/2014
Decision Date:	10/22/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/03/2015

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 48-year-old who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of January 9, 2014. In a Utilization Review report dated August 22, 2015, the claims administrator failed to approve a request for morphine and Percocet. The claims administrator referenced an August 11, 2015 office visit and an associated August 18, 2015 RFA form in its determination. The claims administrator has contended the applicant was using marijuana in conjunction with opioids agent. The applicant's attorney subsequently appealed. On August 11, 2015, the applicant reported an average pain score of 7/10. The applicant had apparently exhausted her supply of Norco a week early, it was reported. The applicant's medications included Norco, marijuana, and Advair, it was stated in another section of the note. The attending provider also noted that the applicant was drinking three times weekly. The applicant acknowledged that she herself was not certain how beneficial Norco was. Cymbalta was seemingly endorsed on a trial basis. The applicant was asked to consider introduction of BuTrans as a long-acting agent. There was no seeming mention of the applicant's using either morphine or Percocet on this date. In an earlier note dated July 20, 2015, the applicant again reported ongoing complaints of hand and wrist pain with associated upper extremity paresthesias. The applicant was reportedly on Norco, marijuana, and dietary supplements, it was reported on this date. The applicant had lost her job, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Opioids, criteria for use.

Decision rationale: No, the request for MS Contin, a long-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 evidence of illicit drug use. Here, the attending provider reported on both August 11, 2015 and July 27, 2015, the applicant was in fact concurrently using marijuana, i.e., an illicit substance. Discontinuation of opioid therapy seemingly represented a more appropriate option than continuing the same, per page 79 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider should be knowledgeable regarding prescribing information and adjust the dosing to the specific applicant. Here, however, progress notes of July 28, 2015 and August 11, 2015 made no mention of the applicant using MS Contin on those dates. There was no explicit mention of the applicant's using MS Contin or Percocet on either office visit of July 28, 2015 or August 11, 2015. It did not appear that the attending provider was particularly knowledgeable regarding prescribing information insofar as this particular medication was concerned. Therefore, the request was not medically necessary.

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Similarly, the request for Percocet, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, the applicant was described as using a second short-acting opioid, Norco, on office visits of August 11, 2015 and July 28, 2015. There was no explicit mention of the applicant's using Percocet on that date. A clear rationale for concomitant usage of two separate short-acting opioids was not set forth on either progress note in question. Therefore, the request was not medically necessary.