

Case Number:	CM15-0072952		
Date Assigned:	04/23/2015	Date of Injury:	12/20/2010
Decision Date:	05/20/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/16/2015

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, Florida, 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 injured worker is a 58 year old male, who sustained an industrial injury on 12/20/2010, due to cumulative trauma, while employed as a custodian. The injured worker was diagnosed as having migraine headaches, right knee pain, spasm of muscle, and lumbago. Treatment to date has included diagnostics, lumbar spinal surgery (8/2013), and medications. Currently (3/26/2015), the injured worker complains of increasingly worse back pain, over the last few weeks to months. He was having difficulty tapering medications and reported taking additional Percocet, causing him to run out early and increasing his pain. Current medications included Cymbalta, Nalfon, Protonix, Neurontin, Fentanyl, and Percocet. He reported that the use of combined Percocet and Fentanyl decreased his pain to 4-5/10 from 8-9/10. Urine drug screen (1/23/2015) was documented as consistent with prescribed medications. The treatment plan included continued medications and urine drug screen. He was not working. A progress report, dated 1/13/2015, noted that he was not having adequate pain relief and Percocet does not seem to be as effective, at which time Fentanyl patch was added.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Fentanyl 25mcg, one patch every 72 hours, QTY: 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured 5 years ago, reportedly due to cumulative trauma as a custodian. There was extensive multi-area pain. There is no mention of objective functional improvement on the medicine regimens. No extenuating circumstances are noted. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids; (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In regards to the long term use of opiates, the MTUS also poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.

Narcotic Percocet 10/325mg, one every 8 hours, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured 5 years ago, reportedly due to cumulative trauma as a custodian. There was extensive multi-area pain. There is no mention of objective functional improvement on the medicine regimens. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids; (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. These criteria are not met. In regards to the long term use of opiates, the MTUS also poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.

Urine Drug Screen, QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 43 of 127.

Decision rationale: This claimant was injured 5 years ago, reportedly due to cumulative trauma as a custodian. There was extensive multi-area pain. There is no mention of objective functional improvement on the medicine regimens. Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is appropriately non-certified under MTUS criteria. Therefore the request is not medically necessary.