

Case Number:	CM13-0025949		
Date Assigned:	06/06/2014	Date of Injury:	08/21/1998
Decision Date:	07/14/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/09/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 40-year-old female who was reportedly injured on August 21, 1998. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 4, 2014, indicates that there are ongoing complaints of neck pain and right upper extremity pain. Current medications were stated to include OxyContin and OxyIR. The physical examination demonstrated right upper extremity coldness in comparison to the left as well as allodynia and hyperalgesia. There was diffuse tenderness to palpation along the right upper extremity. There was a diagnosis of cervicogenic headaches/migraine headaches, complex regional pain syndrome of the right upper extremity, status post cervical spine fusion at C6 - C7, cervical degenerative disc disease, chronic pain syndrome, depression, anxiety, and opioid dependence. OxyContin and OxyIR were refilled as well as a compounded cream for the chronic regional pain syndrome. A request had been made for Maxalt and a functional restoration program and was not certified in the pre-authorization process on August 21, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAXALT 10MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation epocrates.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601109.html>.

Decision rationale: According to the most recent treatment note dated April 4, 2014, there is no mention of Maxalt or its previous benefits for the injured employee. This is not mentioned in any of the four notes prior as well. A note on November 19, 2013 does mention continuing Maxalt twice per day but does not address the efficacy of this medication. Without this information this request for Maxalt is not medically necessary.

FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30.

Decision rationale: The criteria for enrollment in a chronic pain program or functional restoration program includes documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement and that the patient has a significant loss of ability to function independently resulting from the chronic pain. Evidence of this has not been documented in the attached medical record. Furthermore a clinic note dated October 18, 2013, specifically states that the injured employee does not want to undergo a functional restoration program at this time. For these reasons this request for a functional restoration program is not medically necessary.