

Case Number:	CM13-0051088		
Date Assigned:	12/27/2013	Date of Injury:	01/25/2010
Decision Date:	03/05/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Medicine and is licensed to practice in California. 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 physician 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 patient is a 43-year-old female who reported an injury on 01/25/2010. The patient is currently diagnosed with lumbar myoligamentous injury with bilateral lower extremity radiculopathy, cervical myoligamentous injury, right ulnar nerve entrapment, reactionary depression/anxiety, and medication induced gastritis. The patient was seen by [REDACTED] on 09/25/2013. The patient reported ongoing neck pain with severe and debilitating cervicogenic headaches. The patient continuously utilizes OxyContin, Nucynta, and Ultram ER as well as Xanax, Lidoderm patch, and Doxepin. Physical examination revealed tenderness to palpation of the cervical musculature bilaterally, muscle rigidity, trigger points, decreased range of motion, and diminished strength in the right upper extremity. The patient also demonstrated tenderness to palpation, muscle atrophy, and positive Tinels testing in the right elbow. Treatment recommendations included continuation of current medications including; OxyContin, Nucynta, Ultram ER, FexMid, Xanax, Halcion, Prilosec, Colace, doxepin, Lidoderm patch, and Dendracin topical analgesic cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

FexMid 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use may lead to dependence. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the patient does demonstrate increased muscle rigidity and palpable trigger points. However, California MTUS Guidelines do not recommend long term use of this medication. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.

Ultram ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent neck pain with severe and debilitating cervicogenic headaches. There is no indication of functional improvement. As satisfactory response to treatment has not been indicated, the current request for ongoing use of this medication cannot be determined as medically appropriate. Therefore, the request is non-certified.