

Case Number:	CM13-0069152		
Date Assigned:	01/03/2014	Date of Injury:	02/01/1994
Decision Date:	05/27/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/20/2013

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 and Rehabilitation, 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 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 65-year-old female who reported an injury on 02/01/1994. The mechanism of injury was not stated. Current diagnoses include left De Quervain's syndrome, left shoulder impingement, status post L5-S1 fusion, lower extremity pain, acute exacerbation of chronic low back pain, status post hardware removal, and lumbar osteoarthritis. The injured worker was evaluated on 11/20/2013. The injured worker reported persistent lower back pain with activity limitation. Current medications include Qulapaquin 324 mg, Fentanyl 12 mcg/hour, and Celebrex 200 mg. Physical examination revealed limited lumbar range of motion, stiffness, diminished strength, negative straight leg raising, and intact sensation. The injured worker also demonstrated positive Fabere's testing, positive Gaenslen's maneuver, positive Patrick's testing, myofascial pain with triggering, and tenderness over the L3 through S1 facet capsules bilaterally. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 FENTANYL PATCHES 12MCG/HR, ONE PATCH 72 HOURS, APPLY ONE PATCH EVERY 48 HOURS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44,74-82.

Decision rationale: California MTUS Guidelines state Fentanyl is not recommended as a first line option. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur with ongoing opioid therapy. The injured worker has utilized Fentanyl since 02/2013. There is no documentation of objective functional improvement. The injured worker continues to report persistent lower back pain with activity limitation. Based on the clinical information received, the request is not medically necessary.

180 CELEBREX 200MG, 1 TWICE A DAY (2 MONTH SUPPLY): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference; MTUS Chronic Pain Medical Treatment Guidelines; as well as ODG, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The injured worker has utilized Celebrex since 02/2013. There is no evidence of objective functional improvement. The injured worker continues to report persistent pain with activity limitation. As such, the request is not medically necessary.

180 QALAAQUIN 324MG, 2 EVERY BEDTIME: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 24 April 2014.

Decision rationale: Quaaluan is used alone or with other medications to treat malaria. Quinine is in a class of medications called antimalarials. It works by killing the organisms that cause malaria. There is no objective evidence within the medical records provided to necessitate the use of this medication. There is no documentation of a condition or diagnosis for which the requested medication is indicated. As such, the request is not medically necessary.