

Case Number:	CM14-0001004		
Date Assigned:	01/22/2014	Date of Injury:	06/23/1993
Decision Date:	10/13/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 70-year-old male who reported an injury on 06/23/2013. The mechanism of injury was not submitted for clinical review. The diagnoses were not submitted for clinical review. The previous treatments were not submitted for clinical review. Diagnostic testing was not submitted for clinical review. In the clinical documentation dated 01/01/2014, it was reported the injured worker complained of pain rated 5/10 in severity without medication and 3/10 in severity with medication. Physical examination was not submitted for clinical review. The request submitted is for Baclofen, Fentanyl Patches, Sumatriptan Succinate. However, a rationale was not provided for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

BACLOFEN 10 MG TABS #30 WITH REFILLS X3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medication, muscle relaxants.

Decision rationale: The request for Baclofen 10 mg tablets #30 with 3 refills is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of significant subjective and objective findings warranting the medical necessity for the request. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 01/2014, which exceeds the guideline recommendation of short term use of 2 to 3 weeks. Therefore, the request is not medically necessary.

FENTANYL PATCHES #15 WITH REFILLS X3 FOR SIX MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS.

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

Decision rationale: The request for Fentanyl Patches #15 with 3 refills for 6 months is not medically necessary. The California MTUS Guidelines note fentanyl patches are recommended as first line therapy. Fentanyl patches are indicated for the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The provider failed to document an adequate and complete physical examination, showing the injured worker's need for the medication. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request is not medically necessary.

SUMATRIPTAN SUCCINATE 50 MG TABS #36 WITH REFILLS X3 FOR SIX MONTHS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Imitrex.

Decision rationale: The request for Sumatriptan Succinate 50 mg tablets #36 with 3 refills for 6 months is not medically necessary. The Official Disability Guidelines recommend triptans for migraine sufferers. Oral triptans are effective and well tolerated. Differences among them are generally relatively small, but clinically relevant for individual patients. The provider failed to document an adequate and complete physical examination demonstrating the medical necessity for the request. There is lack of documentation indicating the injured worker was treated for or diagnosed with migraines. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the request

submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.