

Case Number:	CM14-0107907		
Date Assigned:	08/06/2014	Date of Injury:	08/31/2000
Decision Date:	10/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/11/2014

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 Internal 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 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 59 year old male who sustained an injury on 08/31/00. No specific mechanism of injury was noted. The injured worker had prior cervical spine fusion with ongoing chronic neck pain radiating to the left shoulder and trapezius. The injured worker was followed for extensive narcotics use with prior urine drug screen testing noting consistent findings for both narcotics and fentanyl. The most recent evaluation was on 05/29/14. The injured worker continued to report a significant amount of neck pain headaches left shoulder pain and pain in trapezius with intermittent numbness and tingling in the left upper extremity. The injured worker was attempting to decrease the amount of narcotics being utilized. On physical examination there was limited range of motion in the cervical spine with reduced grip strength in the right hand versus the left. There was also slight decreased sensation in left C4 distribution. Medications were not discussed at this visit. The requested medications including duragesic patches Nexium oxycontin Robaxin Duexis and Fioricet were denied by utilization review on 07/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patch 12mcg/hr #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids , criteria for the use, Opioids Ongoing Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In review of the clinical documentation submitted for review it is the opinion of this reviewer that the proposed medication is not medically necessary at this time. The last evaluation for this injured worker from 05/29/14 did not specifically discuss this medication and its overall improvement of the current clinical condition of the injured worker. Given the paucity of clinical information for the use of this medication and its benefits obtained by the injured worker this reviewer would not recommend this request as medically necessary.

Nexium 40 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

Decision rationale: In review of the clinical documentation submitted for review it is the opinion of this reviewer that the proposed medication is not medically necessary at this time. The last evaluation for this injured worker from 05/29/14 did not specifically discuss this medication and its overall improvement of the current clinical condition of the injured worker. Given the paucity of clinical information for the use of this medication and its benefits obtained by the injured worker this reviewer would not recommend this request as medically necessary.

Oxycontin 20 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids , criteria for the use, Opioids Ongoing Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In review of the clinical documentation submitted for review it is the opinion of this reviewer that the proposed medication is not medically necessary at this time. The last evaluation for this injured worker from 05/29/14 did not specifically discuss this medication and its overall improvement of the current clinical condition of the injured worker. Given the paucity of clinical information for the use of this medication and its benefits obtained by the injured worker this reviewer would not recommend this request as medically necessary.

Robaxin 500 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In review of the clinical documentation submitted for review it is the opinion of this reviewer that the proposed medication is not medically necessary at this time. The last evaluation for this injured worker from 05/29/14 did not specifically discuss this medication and its overall improvement of the current clinical condition of the injured worker. Given the paucity of clinical information for the use of this medication and its benefits obtained by the injured worker this reviewer would not recommend this request as medically necessary.

Duexis 800/26.6 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

Decision rationale: In review of the clinical documentation submitted for review it is the opinion of this reviewer that the proposed medication is not medically necessary at this time. The last evaluation for this injured worker from 05/29/14 did not specifically discuss this medication and its overall improvement of the current clinical condition of the injured worker. Given the paucity of clinical information for the use of this medication and its benefits obtained by the injured worker this reviewer would not recommend this request as medically necessary.

Fioricet w/Codeine#120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, BCA's

Decision rationale: In review of the clinical documentation submitted for review it is the opinion of this reviewer that the proposed medication is not medically necessary at this time. The last evaluation for this injured worker from 05/29/14 did not specifically discuss this medication and its overall improvement of the current clinical condition of the injured worker. Given the paucity of clinical information for the use of this medication and its benefits obtained by the injured worker this reviewer would not recommend this request as medically necessary.