

Case Number:	CM14-0014340		
Date Assigned:	02/26/2014	Date of Injury:	01/25/2005
Decision Date:	06/27/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/04/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 32-year-old individual was injured in January, 2005. The records are presented for review noted there was a modified approval of the medications Artane, clonidine and oxymorphone. The medication was not certified. No specific mechanism of injury is noted. A progress note dated June 27, 2013 indicated there was no erectile function available. It was noted that the medications were not alleviating the symptomology. The problem list is noted as piriformis syndrome, cervicgia, cervical dystonia and anxiety. At follow-up in August, there is no significant change noted. The complaints are the same and the physical examination is as noted previously. Botox injections were completed in December, 2013. Also noted was a weaning protocol for the medication oxymorphone.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTANE 2MG #90 X2 REFILLS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline or Medical Evidence: - FDA Web Site - Clinical judgment.

Decision rationale: This individual has a decade-long history of a work-related injury. The progress notes presented noted ongoing complaints of pain with no functional improvement or positive sequelae of the medication protocol outlined. According to FDA, the medication Artane has a limited indication (Parkinson's disease, tardive dyskinesia & dystonia) and none of these diagnoses is assigned in this case. Furthermore, there are no physical examination findings that would support the use of this medication. Therefore, the request for Artane 2mg #90 x2 refills is not medically necessary.

CONIDINE 0.1MG #60 X5 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Davis Drug Guide for Nurses, page 332-333.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline or Medical Evidence: - Doyon S. Opioids. In: Tintinalli JE, Kelen GD, Stapczynski JS, Ma OJ, Cline DM, eds. Emergency Medicine: A Comprehensive Study Guide. 6th ed. New York, NY: McGraw-Hill; 2004:chap 167.

Decision rationale: It was noted that an attempt was made to wean the opioid medications. However, secondary to other unrelated "stressors" this attempt at weaning was discontinued. When noting the finding a qualified physical examination, the current protocols, there is no clinical indication for this medication. Therefore, the request for Clonidine 0.1mg #60 x5 refills is not medically necessary and appropriate.

OXYMORPHONE ER 40MG #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Medical Treatment Guidelines, Opioids for chronic pain, Page(s): 86, 91.

Decision rationale: This is a particularly potent oral analgesic opioid medication. However, in reviewing the progress notes from the last 15 months, there is no noted efficacy, utility, functional improvement or ability to return to work. Therefore, when considering the parameters outlined in the guidelines there is no clinical indication for continued use this medication. The pathology has not been objectified and the current physical examinations do not support continued use. As such, there is no clear clinical indication presented in the progress notes reviewed. The medication is not medically necessary.

REGLAN 10MG #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Davis Drug Guide for Nurses, page 847-848.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. § 17.1.

Decision rationale: This preparation is designed to relieve the symptoms associated with gastrointestinal distress. The progress notes do not list any such complaints. Furthermore there are no physical examination findings to suggest the need for such a preparation. There is no noted vomiting and given the medication protocol outlined, this is not indicated. Therefore, the request for Reglan 10mg #20 is not medically necessary.