MAXIMUS Federal Services

Case Number:	CM14-0120484		
Date Assigned:	08/06/2014	Date of Injury:	01/20/1999
Decision Date:	09/12/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/30/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 patient is a 49-year-old female with a date of injury of 01/20/1999. The listed diagnoses per [redacted] are cervical degenerative disk disease, cervical facet osteoarthritis, lumbar degenerative disk disease, coccygodynia, lumbar arthropathy, lumbar radiculopathy, cervicalgia, migraines triggered by cervicalgia, degenerative joint disease bilateral knees. According to progress report 07/08/2014 by [redacted], the patient presents with left-sided neck pain and low back pain with radiates to bilateral upper and lower extremities. Patient also complains of knee pain, left worse than right. The patient reports 7-8/10 on a pain scale with medication and 8-9/10 without medication. Patient reports the benefit of chronic pain medication maintenance regimen. Medications include Dilaudid 2 mg for severe pain, Percocet 3 times a day, Zofran 4 mg for nausea once a day, Zomig 1 to 2 sprays daily, Soma as needed, Valium 5 mg once a day as needed for muscle spasm and Climara patch. This is a request for Climara Patch. Utilization review denied the request on 07/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Climara Patch #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Evidence Based Guidelines Used: Goodman and Gilman's the Pharmacology Basis of Therapeutics, 12th ed. McGraw Hill, 2010.Physician's Desk Reference, 68th ed. www.RXLIST.comOfficial Disabilities Guidelines:

Workers Compensation Drug Formulary, www.odg.twc.com/odgtwc/formulary.htm *drugs.com *Epocrates Online, www.online.epocrates.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8 OF 127. Decision based on Non-MTUS Citation FDA.GOV.

Decision rationale: This patient presents with left-sided neck pain and low back pain with radiates to bilateral upper and lower extremities. This is a request for Climara patch. Utilization review denied the request stating, there is no rationale from pain management standpoint to include hormone replacement patches to the compensable injury. Climara (estradiol transdermal) is a medicine that contains estrogen hormones. The medical file provided for review indicates the patient is prescribed this medication on a monthly basis; however, rationale for the medication is not described. There are no discussions of menopause symptoms that would warrant this medication. MTUS page 8 does require the treating physician provide monitoring and make appropriate recommendations. Given the lack of discussion of the medical necessity of this medication, recommendation cannot be made. Therefore, this request is not medically necessary.