

<b>Case Number:</b>	CM14-0025530		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	11/08/2004
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Neurological Surgery 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 employee is a 58-year-old male injured on November 8, 2004. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 12, 2014, indicates that there are ongoing complaints of headaches and pain radiating to both shoulders. Pain stated to be 10/10 without medication and 8/10 with medication. Current medications are stated to include the Dilaudid, Fentanyl Patches, and Minocycline. The physical examination demonstrated decreased cervical spine range of motion in a normal upper extremity neurological examination there was tenderness noted over the cervical paraspinal muscles. Diagnoses included headache, lumbar spondylosis, lumbar radiculopathy, myosis/myalgias, and migraines. Treatment included fentanyl patches, Dilaudid, Topamax, Wellbutrin, and Pristiq. A request had been made for Fentanyl Patches and Minocycline and was not certified in the pre-authorization process on February 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FENTANYL PATCHES 25 MCG PATCH #10 PER MONTH:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), Opioids, ongoing management Page(s): 78.

**Decision rationale:** According to the attached medical record the injured employees pain medications only reduce his pain level from 10/10 to 8/10 and only help for two hours time. This is not a significant pain reduction achieved by the usage of this opioid medication based on Chronic Pain Medical Treatment Guidelines. There is also no report that this medication improves the injured employees ability to function, or improve their quality of life. Without this significant justification to continue the use of Fentanyl patches this request is not medically necessary.

**MINOCYCLINE 100 MG #60 PER MONTH:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [www.nlm.nih.gov/medlineplus/druginfo/meds/a682101.html](http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682101.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [www.nlm.nih.gov/medlineplus/druginfo/meds/a682101.html](http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682101.html).

**Decision rationale:** It is unclear why Minocycline is prescribed for the injured employee. Minocycline is an antibiotic medication used to treat infections of the respiratory system, skin, and other organ systems. It is not stated in the attached medical record why this antibiotic is needed to be prescribed. Without this justification this request for Minocycline is not medically necessary.