

Case Number:	CM14-0052988		
Date Assigned:	07/07/2014	Date of Injury:	09/16/1995
Decision Date:	08/27/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/21/2014

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 Texas. 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 44 year old male injured on 09/16/95 while working under a rail car when two rail cars collided resulting in significant orthopedic injuries. Current diagnoses include lumbar spine sprain/strain syndrome, lumbar facet arthropathy, left lower extremity radiculopathy, left knee below the knee amputation in 1996 with two revisions, post-traumatic stress disorder, right rotator cuff tear status post arthroscopic repair on 05/01/09, right knee internal derangement status post arthroscopic surgery x 2 with posterior cruciate ligament repair, temporal mandibular joint dysfunction, tinnitus with decreased hearing, and medication induced gastritis. The clinical note dated 04/24/14 indicates the injured worker presented complaining of ongoing and debilitating lower back pain rated at 8/10. The injured worker reported significant decrease in pain following lumbar facet rhizotomy on 09/23/13 of approximately 70% for six months; however, low back pain returned and is requesting additional injections. The injured worker also complained of neck pain, right knee pain, and right shoulder pain. Neck pain associated with cervicogenic headaches which occasionally transition to migraine headaches. A recent evaluation by prosthetist noted redness along the femoral condyle bilaterally requiring trimming of existing socket on several occasions to provide temporary relief of pressure. The injured worker received certification for fabrication of new socket for below the knee prosthesis. Physical examination of the cervical spine revealed decreased range of motion with tenderness to palpation of the cervical musculature on the right and trapezius muscle. Examination of the right shoulder revealed tenderness to palpation and decreased range of motion. Physical examination of the posterior lumbar musculature reveals tenderness to palpation with increased muscle rigidity bilaterally, trigger points palpable and tender throughout the lumbar paraspinal muscles, decreased range of motion, and facet loading causes pain in the low back region. Examination of the left below the knee stump reveals redness along the medial aspect of the knee and bilateral

condyles, no active drainage noted and no foul odor, tenderness along the medial and lateral joint line, and no open wounds noted. The treatment plan includes facet joint radiofrequency neurotomy at bilateral L3, L4, and L5; consideration for intrathecal Morphine pump trial following psychiatric clearance; prescription refills; and trigger point injections. Medications include Oxycontin 40mg twice daily, Norco 10/325mg 6-8 tabs daily, Anaprox DS 550mg, Fexmid 7.5mg and Prilosec 20mg twice daily, Neurontin 600mg three times daily, Lexapro 10mg at night, Synovacin 500mg three times daily, Fiorinal 1 tab, Colace 100mg twice daily, Halcion 0.25mg at night, and Lidoderm patches. The initial request for Fexmid 7.5mg #60, Imitrex 100mg #9, and psychological testing was initially non-certified on 04/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Fexmid 7.5mg #60 cannot be established at this time.

Imitrex 100mg #9: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th edition (web), 2014, Head, Triptans.

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

Decision rationale: As noted in the Official Disability Guidelines, triptans are recommended for migraine sufferers. The injured worker reported neck pain associated with cervicogenic headaches which occasionally transition to migraine headaches. As such, the request for Imitrex 100mg #9 is recommended as medically necessary.

Psychologic testing: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychologic evaluations Page(s): 100.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord
stimulators) Page(s): 101.

Decision rationale: As noted on page 101 of the Chronic Pain Medical Treatment Guidelines,
psychological testing is recommended prior to initiation of pre-intrathecal drug delivery systems
(IDDS) and spinal cord stimulator (SCS) trial. Documentation indicates the injured worker will
be considered for intrathecal Morphine pump trial following psychiatric clearance. As such, the
request for psychologic testing is recommended as medically necessary to ascertain the
appropriateness of IDDS.