

Case Number:	CM14-0064563		
Date Assigned:	07/11/2014	Date of Injury:	02/14/2002
Decision Date:	08/21/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/07/2014

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 and Pain Medicine and is licensed to practice in Ohio and 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 59-year-old female who reported an injury on 02/14/2002. On 06/17/2014, she reported low back pain rated at a 7/10, neck pain rated at an 8/10, and leg pain rated at a 6/10. A physical examination revealed no gait instability, tightness, and myofascial restrictions noted in the bilateral levator group of the cervical spine, no spasm of the lumbar spine, negative straight leg raise bilaterally, and 37-pound grip strength on the right and 50 on the left with the Jamar. Her medications included Celebrex, Talwin, HCTZ, Diovan, MBI, melatonin, Esgic, Neurontin, progesterone, estradiol, fish oil, calcium, Lipitor, fibroid, and metformin. Her diagnoses were listed as myofascial headaches, cervical discogenic pain syndrome, cervical radiculopathy, chronic pain syndrome, and cervical facet pain generators. The treatment plan was for pentazocine-naloxone HCl 50 mg/0.5 mg #90, and Relpax 40 mg #30 with 2 refills. The Request for Authorization form and rationale for treatment were not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pentazocine-Naloxone HCL 50mg/0.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, page 78 Page(s): 78.

Decision rationale: The injured worker had reported a 7/10 low back pain, 8/10 neck pain, and 6/10 leg pain, and was reportedly taking several medications to alleviate her pain. The California MTUS Guidelines state that ongoing management of opiate therapy should include an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is a lack of documentation regarding previous use of this medication, if any, to determine efficacy. There is no documentation regarding objective functional improvement, pain relief, appropriate medication use, and side effects with the use of the medication. In addition, the requesting physician did not state the frequency of the medication within the request. The request is not supported by the guideline recommendations, as efficacy of the medication was not proven and the frequency is unclear. Given the above, the request is not medically necessary.

Replax 40mg #30 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker reported low back pain, neck pain, and pain in the leg. She was diagnosed with myofascial headaches, cervical discogenic pain syndrome, cervical radiculopathy, chronic pain syndrome, and cervical facet pain generators. The California MTUS/ACOEM Guidelines do not address this topic. The Official Disability Guidelines state that for migraine pharmaceutical treatment, triptans are recommended for migraine sufferers. Based on the clinical information submitted for review, the injured worker was diagnosed with myofascial headaches. However, there is no documentation regarding subjective complaints of headaches or migraines to support this diagnosis and indicate the necessity for this medication. In addition, the requesting physician did not state the frequency within the request. The request is not supported by the guideline recommendations, as there are no clear indications for its necessity and the frequency is unclear. As such, the request is not medically necessary.