

Case Number:	CM14-0096790		
Date Assigned:	07/23/2014	Date of Injury:	05/05/1998
Decision Date:	08/28/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/09/2014

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 and Rehabilitation, and is licensed to practice in Nevada 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 records, presented for review, indicate that this 57-year-old female was reportedly injured on May 5, 1998. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 2, 2014, indicated that there were ongoing complaints of low back pain radiating into the right lower extremity. Current medications include Opana, Senna, and the use of an intrathecal pain pump. The physical examination demonstrated decreased lumbar spine range of motion with tenderness along the lumbar paraspinal muscles. Recommendations included continued use of Opana and Senna, and prescriptions of Flexeril, zolpidem, Ultracet, and Linzess. A urine drug screen was performed. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included the use of intrathecal pain pum. A request had been made for Amrix ER, fentanyl patches, and catheter dye with a flouroscopy study and was not certified in the pre-authorization process on May 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix ER 15 mg #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 : 8 C.C.R. 9792.20 - 9792.26, (Effective July 18, 2009): Muscle relaxants (for pain), pages 63-66 of 127 Page(s): 63-66 of 127.

Decision rationale: Amrix is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee did not have any complaints of acute exacerbations nor were there any spasms present on physical examination. For these reasons, this request Amrix is not medically necessary.

Fentanyl 25 mcg patch #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 74-75, 78, 93 of 127 Page(s): 74-75, 78, 93 OF 127.

Decision rationale: The California MTUS Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there was no documentation of improvement in the pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request for fentanyl patches is not medically necessary.

Catheter dye study with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52-54.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Implantable Drug Delivery Systems, updated July 3, 2014.

Decision rationale: According to the attached medical record, the injured employee was stated to have decreased pain with the use of medications. Therefore, it is unclear why there was a request for catheter dye study with fluoroscopy. Without additional justification, this request for a catheter dye study with fluoroscopy is not medically necessary.