

Case Number:	CM15-0021790		
Date Assigned:	02/11/2015	Date of Injury:	12/12/2000
Decision Date:	04/10/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old male who reported an injury on 12/12/2000. The mechanism of injury was not provided. The injured worker was noted to be utilizing fentanyl since at least 2012. Additionally, the injured worker was utilizing Imitrex since 2012. The injured worker underwent a radiofrequency neurolysis at C2 through C4 on 09/05/2012. The injured worker underwent an MRI of the cervical spine. The documentation of 01/06/2015, revealed the injured worker had neck and right upper extremity pain. The injured worker was noted to be managing his symptoms with medications. The injured worker indicated the Duragesic patches decreased the pain level down 50%, and then with the use of her Roxicodone it dropped another 50%, to about 3/10. The injured worker was utilizing Roxicodone 15 mg 4 tablets per day, and Duragesic 25 mcg 2 patches every 3 days. The documentation indicated that the use of Imitrex seemed to help the migraine headaches. Additional medications included Imitrex 50 mg by mouth as needed. The injured worker had complaints of a headache during the examination. The injured worker had pain with cervical extension. The diagnoses included chronic neck pain, discectomy, and fusion at C5-6 in 2001, radiofrequency ablation in 2007, 2008, 2009, 02/2010, and 09/2012. The injured worker underwent an MRI of the lumbar spine. The treatment plan included continuation of Duragesic patches and Imitrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Duragesic Patch 25mcg, #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management; opioid dosing Page(s): 60; 78; 86.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical information submitted for review indicated the injured worker had an objective decrease in pain. However, it failed to provide documentation of objective functional improvement and documentation the injured worker was being monitored for aberrant drug behavior or side effects. Additionally, the daily morphine equivalent dose would be 217.5 mg of morphine, which is greater than 120 mg of daily morphine equivalent dosing. This request would not be supported. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of Duragesic patch 25 mcg #20 is not medically necessary.

(1) Prescription of Imitrex 50mg, #18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Triptans (Imitrex).

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

Decision rationale: The Official Disability Guidelines recommend Triptans for the treatment of migraine headaches. The clinical documentation indicated that the use of Imitrex seemed to help with the migraine headaches. However, there was a lack of documentation of objective functional benefit and documentation of a decrease in the duration, quantity and frequency of the migraine headaches. The request as submitted failed to include the frequency for the requested medication. Given the above, the request for (1) Prescription of Imitrex 50mg, #18 is not medically necessary.