

Case Number:	CM14-0106381		
Date Assigned:	09/16/2014	Date of Injury:	05/12/2006
Decision Date:	10/24/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/09/2014

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 & 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 injured worker is a 45 year-old female who was reportedly injured on 5/12/2006. The mechanism of injury is noted as occurring as the patient was reaching for shampoo. The most recent progress note dated 5/29 2014, indicates that there were ongoing complaints of low back pain, thoracic spine pain, neck pain, and bilateral upper extremity pain. The physical examination demonstrated cervical spine: lateral flexion 45 bilaterally, rotation 90 bilaterally, shoulder flexion 180 bilaterally, abduction 180 bilaterally, internal rotation 70 bilaterally, external rotation 90 bilaterally, reflexes 2+ bicep, 1+ brachioradialis. No recent diagnostic studies were available for review. Previous treatment includes surgery, injections, psychotherapy, medications, and work restrictions. A request had been made for Duragesic patch 50 mcg #15 and Abilify 5 mg #30, and was not certified in the pre-authorization process on 6/12/2014

IMR ISSUES, DECISIONS AND RATIONALES

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

15 Patches of Duragesic 50 mcg/hr: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 44, 93 of 127..
Duragesic fentanyl transdermal system)Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 44, 93 of 127..

Decision rationale: 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. Treatment guidelines specifically state Fentanyl is "not recommended for musculoskeletal pain." Review of the available medical records fails to document improvement in pain or function with the current treatment regimen. Given the date of injury, clinical presentation, and current diagnosis, this request is not considered medically necessary.

30 Tablets of Abilify 5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition Chapter: Mental Illness & Stress, Aripiprazole (Abilify) Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition Chapter: Chronic Pain, Anxiety medications

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG-TWC; Mental Illness & Stress (Note: These may not be covered under worker's compensation): Atypical Antipsychotics (Updated 06/12/14).

Decision rationale: MTUS/ACOEM guidelines do not address antipsychotic medications. Seroquel is address by the Official Disability Guidelines under Atypical Antipsychotics and is not recommended as a first-line treatment. The guidelines state there is insufficient evidence to recommend antipsychotics for conditions covered in the ODG. The clinician provides no clear indication for the utilization of this medication or documentation of a failure to a first-line option. As such, this request is not considered medically necessary.