

Case Number:	CM14-0127472		
Date Assigned:	09/23/2014	Date of Injury:	06/17/2003
Decision Date:	10/23/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/12/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 60-year-old female who reported an injury on 06/17/2013. The mechanism of injury was not specifically stated. The current diagnoses include chronic pain syndrome, depressive disorder, pain in a joint involving the shoulder region, carpal tunnel syndrome, TMJ, other headache syndrome and cervicgia. Previous conservative treatment is noted to include medication management, heat therapy, rest and trigger point injections. The current medication regimen includes Duragesic 100 mcg, Fentora 100 mcg, Celebrex 200 mg, Seroquel 25 mg, Senna-S, Zanaflex 4 mg, and Lexapro 20 mg. The injured worker also utilizes ThermoCare neck patches. The injured worker was evaluated on 07/16/2014 with complaints of constant pain over multiple areas of the body. Physical examination revealed no acute distress and intact sensation. Treatment recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 100mcg/Hr #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44; 74-82.

Decision rationale: California MTUS Guidelines do not recommend Duragesic as a first line therapy. It is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The injured worker has continuously utilized this medication since 02/2014. There is no documentation of a significant change in physical examination that would indicate functional improvement. There is also no documentation of a failure to respond to first line opioid treatment prior to the initiation of Duragesic. There is also no frequency listed in the current request. As such, the request is not medically appropriate.

Fentora 100 Mcg #168: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentora (Fentanyl Buccal Tablet).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44; 74-82.

Decision rationale: California MTUS Guidelines do not recommend Duragesic as a first line therapy. It is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The injured worker has continuously utilized this medication since 02/2014. There is no documentation of a significant change in physical examination that would indicate functional improvement. There is also no documentation of a failure to respond to first line opioid treatment prior to the initiation of Duragesic. There is also no frequency listed in the current request. As such, the request is not medically appropriate.

Celebrex 200 Mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state Celebrex is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The guidelines do not recommend long term use of NSAIDs. The medical necessity for the requested medication has not been established. There is also no frequency listed in the request. As such, the request is not medically necessary.

Thermacare Neck Patches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG TWC Neck and Upper Back Procedure Summary Updated 04/4/14

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: California MTUS/ACOEM Practice Guidelines state there is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as heat/cold applications. There is no mention of a contraindication to at home local applications of heat as opposed to ThermaCare neck patches. The injured worker has continuously utilized ThermaCare neck patches since 02/2014 without any evidence of objective functional improvement. Based on the clinical information received, the request is not medically appropriate.

Zanaflex 4 Mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. There was no documentation of probable muscle spasm or spasticity upon physical examination. There is also no frequency listed in the request. As such, the request is not medically appropriate.