

Case Number:	CM13-0008521		
Date Assigned:	12/11/2013	Date of Injury:	12/22/2003
Decision Date:	02/11/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in 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 physician 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 patient is a 49-year-old male who reported an injury on 12/22/2003. The mechanism of injury was not provided. The patient indicated that due to the patient's Wellbutrin, Topamax and Zofran not being filled, the patient had increased migraines in frequency and intensity. The patient was noted to be struggling with depression and anxiety since the Wellbutrin had not been filled. The patient was noted to be experiencing nausea related to migraines and the patient was noted to require Zofran daily. The Wellbutrin was noted to be used to treat the patient's depression and anxiety and the Topamax was noted to be used for migraine prophylaxis, which was noted to be an FDA approved use for the medication. It is further noted that the Wellbutrin and Topamax were not being used for the treatment of neuropathic pain. The patient was noted to be taken Percocet 10/325 for migraines and Imitrex. The patient was noted to be receiving Lyrica, Wellbutrin and Inderal. The patient was noted to be receiving Restoril 30 mg and Prilosec. The patient was noted to deny side effects of the medications including dizziness, nausea, sedation or constipation. The patient was noted to receive Topamax and take the medication twice a day and the patient was noted to receive Norco 10/325 for chronic neck pain. It was indicated on the days that the patient takes Percocet the patient was not taking the Norco. The request was made for medication refills. The patient's diagnoses were noted to include post-concussive headache syndrome with migraines, pain-related insomnia, chronic cervicalgia, cervical DDD (degenerative disc disease), rule out early cervical radiculopathy versus peripheral neuropathy, and situational depression/anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Lyrica 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Lyrica (pregabalin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Antiepileptic drug (AED), Lyrica Page(s): 16.

Decision rationale: The California MTUS guidelines indicate that Lyrica is recommended for neuropathic pain. Clinical documentation submitted for review indicated that the Lyrica was being used for migraine prophylaxis. The patient was noted to be taking the medication twice a day. The medication was noted to provide relief, as discontinuation revealed an increase in frequency and intensity of the migraines. The submitted request failed to provide the number of Lyrica being requested. Given the above, the request for the prospective request for 1 prescription of Lyrica 150 mg is not medically necessary.

Prospective request for 1 prescription of Inderal 40mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Guidelines: Pringsheim, T., Davenport, W., Mackie, G., Worthington, I., Aube, M., Christie, S. N., Gladstone, J., & Becker, W. J. (2012). Canadian Headache society prophylactic guidelines development group. Canadian headache society guideline for m

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=Inderal>

Decision rationale: Per Drugs.com, Inderal (propranolol) is a beta blocker and is used to treat hypertension. The physician indicated that this medication was being used to prevent migraine headaches. The patient was noted to be taking the medication twice daily. The medication was noted to provide relief, as discontinuation revealed an increase in frequency and intensity of the migraines. The request, as submitted, failed to indicate the number of pills being requested. Given the above, the request for the prospective request for 1 prescription of Inderal 40 mg is not medically necessary.

Prospective request for 1 prescription of Topamax 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topamax Page(s): 17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=Topamax>

Decision rationale: The California MTUS guidelines indicate that Topamax is recommended for neuropathic pain. Per the physician's documentation, Topamax was being used to prevent migraines. It was not being used for pain. As such other guidelines were sought. Official Disability Guidelines (ODG) does not address Topamax for migraines. Per Drugs.com Topamax is used to prevent migraine headaches in adults, which supports the indications for use per the physician. The patient was noted to have increased migraines since the medication was not filled. The request would be supported. However, the request as submitted, failed to indicate the quantity of pills being requested. Given the above, the request for the prospective request for 1 prescription for Topamax 100 mg is not medically necessary.

Prospective request for 1 prescription of Zofran ODT 4mg: 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), Pain (chronic)

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

Decision rationale: The clinical documentation submitted for review indicated the patient was taking the medication as a preventative for nausea related to migraine headaches. Per Official Disability Guidelines, this medication is Food and Drug Administration (FDA) approved for nausea and vomiting secondary to chemotherapy and radiation treatment. A thorough search of the FDA website failed to support the usage for patients with migraine headaches. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. This request was submitted concurrently with the request for Phenergan. As per the physician's documentation, the physician was prescribing Phenergan as the Zofran had been denied, but the physician opined Zofran worked was available in an Official Disability Guidelines that was preferred as the patient was noted to have difficulty taking oral medications when he was nauseous. The request, as submitted, failed to provide the quantity of tablets being requested. Given the above, the request for 1 prescription of Zofran ODT 4 mg is not medically necessary.

Prospective request for 1 prescription of Wellbutrin 75mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388 & 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Wellbutrin Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend Wellbutrin is an antidepressant used for patients to relieve neuropathic pain. However, as per the physician's documentation this medication was being used to treat depression. As such, a secondary

guideline was sought. Official Disability Guidelines indicate that Wellbutrin is recommended as a first-line treatment for major depressive disorder. The patient was noted to have an increasing struggle with depression and anxiety since the Wellbutrin was not filled. This request would be supported. However, the request submitted, failed to indicate a quantity being requested. Given the above, the request for a prospective request for 1 prescription for Wellbutrin 75 mg is not medically necessary.

Prospective request for 1 prescription of Prilosec DR 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDS (Nonsteroidal anti-inflammatory drugs) Page(s): 69.

Decision rationale: The California MTUS recommends proton pump inhibitors (PPI's) for the treatment of dyspepsia secondary to NSAID (nonsteroidal anti-inflammatory drugs) use. The clinical documentation submitted for review indicated the patient was receiving Prilosec for gastric upset associated with medications. However, there is a lack of documentation indicating the efficacy of the requested medication and the number of tablets being requested. Given the above, the request for the prospective request for 1 prescription of Prilosec DR 20 mg is not medically necessary.

Prospective request for 1 prescription of Restoril 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment, Benzodiazepines

Decision rationale: The California MTUS guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. The clinical documentation submitted for review indicated that the patient was taking Restoril for pain-related insomnia. As such, secondary guidelines were sought. Per Official Disability Guidelines (ODG), Restoril is Food and Drug Administration (FDA)-approved for short term use of sleep-onset insomnia. The clinical documentation failed to include documentation of the efficacy and the necessity for long-term use. There was a lack of documentation indicating the quantity being requested. Given the above, the request for the prospective request for 1 prescription of Restoril 30 mg. is not medically necessary.

Prospective request for 1 prescription of Phenergan 25mg, #30: 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), Pain (chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Antiemetics, and Other Medical Treatment Guideline or Medical Evidence: FDA.gov

Decision rationale: The Official Disability Guidelines (ODG) do not recommend antiemetics for opioid nausea and used as a sedative and antiemetic in pre-operative and post-operative situations. The clinical documentation submitted for review indicated the medication would be used daily to keep the patient from having nausea associated with migraine headaches. As the physician documented the usage was different than recommended per Official Disability Guidelines (ODG), alternative guidelines were sought. A thorough search of the FDA (Food and Drug Administration) website failed to support the usage for patients with migraine headaches. There was a lack of documentation of exceptional factors to warrant nonadherence to guidelines recommendations. Given the above, the request for the prospective request for 1 prescription for Phenergan 25 mg #30 is not medically necessary.

Prospective request for 1 prescription of Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Norco, Section Ongoing Management Page(s): 75, 78.

Decision rationale: The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review indicated per the physician's note that the Norco was for the patient's chronic neck pain which, per the physician, was not covered under worker's compensation and the patient was having to pay for out of his pocket. The clinical documentation, however, failed to provide documentation of the 4 A's. Given the above, and the lack of documentation of the quantity being requested, the request for 1 prescription of Norco 10/325 mg is not medically necessary.