

<b>Case Number:</b>	CM13-0008540		
<b>Date Assigned:</b>	09/10/2013	<b>Date of Injury:</b>	03/23/2012
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a female patient with a date of injury March 23, 2012. A utilization review determination dated July 24, 2013 is available for review. The review recommends modified certification for Percocet, Topamax, Frova, Zofran, Duexis, Colace, and C3-4 C4-5 MBB. The utilization review determination states that a telephone conversation was performed on July 24, 2013 with [REDACTED], physician assist ant. "[REDACTED] states that naratriptan, Zonegran, Soma, and Phenergan are withdrawn." The note goes on to state "as to Topamax and Frova, described his presence of headache with mixed features of muscle contraction and migrainous type. Topamax is used as a preventative and Frova as abortive medication with reported partial resolution of the migrainous component." The conversation goes on to identify, "as to Colace, with chronic use of opiates, constipation occurs and had occurred prompting prescription for Colace." Percocet was recommended for modified certification as the reviewer identified, "there is a signed pain contract, there have been non -aberrant urine drug screens and CURES reports have been run and are consistent with prescription opiates only by [REDACTED]." A progress report dated July 17, 2013 states "the only medication approved by her ophthalmologist as safe is Zofran which is also now generic. The others can contribute to glaucoma which ultimately may necessitate laser surgery. Zofran is needed industrially. She is also on Duexis which is a hybrid medication with NSAID, ibuprofen and famotidine GI prophylaxis. Zonegran Is an antiseizure drug chemically classified as a sulfonamide and unrelated to other antiseizure agents." The note goes on to state "we will do a trial of right C2-C4 medial branch block to see if her headaches are facetogenic which is a common in the type of injury she received which is not unlike a whiplash injury." The note goes on to state "an opioid agreement is in the chart. Medication risks and benefits were discussed includ

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Naratriptan 25mg:** 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), Head Chapter and <http://www.rxlist.com/amerge-drug.htm>.

**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:** Regarding the request for naratriptan, the California MTUS guidelines do not contain criteria for the use of this medication. The ODG states that triptan medications are recommended for migraine sufferers. The previous utilization review determination states that a telephone conversation was performed on July 24, 2013 with [REDACTED], physician assistant stating, "as to Topamax and Frova, described his presence of headache with mixed features of muscle contraction and migrainous type. Topamax is used as a preventative and Frova as abortive medication with reported partial resolution of the migrainous component." The guidelines support the use of triptan medication for the treatment of migraine headache. The documents provided for review indicate that the patient is already utilizing one triptan medication (Frova) for the treatment of migraine. There is no medical documentation indicating why two triptan Final Determination Letter for IMR Case Number [REDACTED] medications would be required for this patient. Therefore, the currently requested naratriptan is not medically necessary.

### **Soma 350mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma®).

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

**Decision rationale:** Regarding the request for Soma, the Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines go on to state that Soma is not recommended for longer than 2 to 3 weeks. Within the documentation available for review, there is no indication that the patient has an acute exacerbation of the patient's chronic pain. Additionally, there is no indication the Soma is being used for a 2 to 3 week period. In the absence of such documentation, the currently requested Soma is not medically necessary.

### **Zonegran 25mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs), Page(s): s 16-21.

**Decision rationale:** Regarding the request for Zonegran, the Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. Within the documentation available for review, it appears the patient is on Topamax, a medication within the same class as Zonegran. There is no medical documentation indicating why the patient would require treatment with two anti-epileptic drugs. As such, the currently requested Zonegran is not medically necessary

**EMG bilateral upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 178, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

**Decision rationale:** Regarding the request for EMG of bilateral upper extremities, ODG states that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. In the absence of such documentation, the currently requested EMG of bilateral upper extremities is not medically necessary.

**NCS bilateral upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ODG, Neck and Upper Back Chapter ..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 178, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies .

**Decision rationale:** Regarding the request for NCS of bilateral upper extremities, the ODG states that the electromyography and nerve conduction velocities including each reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both,

lasting more than three or four weeks. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. In the absence of such documentation, the currently requested NCS of bilateral upper extremities is not medically necessary.