

<b>Case Number:</b>	CM13-0024234		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	11/17/1999
<b>Decision Date:</b>	01/14/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 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:

54 year-old male with injury from 11/17/99. List of dx (8/9/13 report by [REDACTED]): Migraine headache, complicated headache; cervical disk syndrome;brachial radiculitis; thoracic root lesions; thoracolumbar myofascial pian; thoracic spasms; lumbosacral root leion; lumbar spondylogenic nerve compression; lumbosacral radiculopathy; SI dysfunction; sacral subluxation; pelvic arthropathy. [REDACTED], neurology/psychiatrty report from 10/1/13 has diagnoses of lumbar strain with radiculopathy; cervical strain with radiculopathy, MRI showing protrusion at C5-6; thoracic strain; cervicogenic headaches; insomnia due to pain; secondary depression. Review of the records indicate that the patient is tolerating symptoms with medications, with meds pain level is 3-4/10, and 8/10 without. Xanax is prescribed anxiety and based on psychological grounds. Cymbalta is for depression and chronic pain. Imitrex is for headaches. The patient can be headache free for 6-12 hours with onset of 30 minutes. The treater was using Imitrex for "off label". The patient has cervicogenic headaches. (10/1/13) Report by [REDACTED] from 3/20/13 states that Imitrex is denied, and 100mg imitrex works better for the patient. Patient became stressful and tearful when discussing the problem with the insurance company, as it increases his overall pain level. The patient was having daily headaches, cervicogenic rated, along with pain in neck, mid back, low back and insominia/depression. Treater argues again for Imitrex stating that the patient's headaches have vascular features with throbbing characteristics. Imitrex helps with headaches gone within 30 minutes and lasting 6-12 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription Ibuprofen 800mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** MTUS guidelines support NSAIDS for chronic low back pain. Recommendation is for authorization.

**Prescription Ambien CR 12.5 mg #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain-Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Chapter, Insomnia Treatment..

**Decision rationale:** MTUS and ACOEM guidelines do not discuss insomnia treatments. However, ODG guidelines for Ambien CR for chronic use and found it to be effective up to 24 weeks. The treater documents that the patient is able to sleep 7 to 7 ½ hours with Ambien CR. Recommendation is for authorization.

**Prescription Xanax 0.25mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain-Alprazolam (Xanax)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazapines Page(s): 24.

**Decision rationale:** MTUS does not support long-term use of Xanax. No more than 4 weeks of Xanax use is recommended. In this patient, Xanax has been used on a long-term basis. For anxiety, MTUS recommends antidepressants. Recommendation is for a denial.

**Cymbalta 30mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta). Page(s): 43-44.

**Decision rationale:** The patient is taking Cymbalta 30mg once per day indicated by the treater's report. MTUS supports Cymbalta for both pain and depression. Recommendation is for authorization.

**Prescription Imitrex 100mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head, Triptans.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter for Imitrex..

**Decision rationale:** Although the treater makes a good argument that Imitrex is helping this patient, there is lack of guidelines support for the use of Imitrex for cervicogenic headaches. Recommendation is for denial.

**Chiropractic as needed (prn):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy Page(s): 58-59.

**Decision rationale:** The requested Chiropractic treatments on as needed basis cannot be recommended for authorization. MTUS has specific recommendation regarding the number of treatments to be rendered and for specific conditions. In this case, the treater is requesting an open ended treatments without limits on number of visits. This is not supported by MTUS. Recommendation is for a denial.

**Physical therapy as needed (prn):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The requested Physical Therapy treatments on as needed basis cannot be recommended for authorization. MTUS has specific recommendation regarding the number of treatments to be rendered and for specific conditions. In this case, the treater is requesting an open ended treatments without limits on visits. This is not supported by MTUS. Recommendation is for a denial.