

<b>Case Number:</b>	CM13-0048626		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/08/2005
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 of 7/8/05. A utilization review determination dated 10/30/13 recommends non-certification of sumatriptan and lansoprazole. Relafen was certified and hydrocodone/acetaminophen was modified to certify #60 with 0 refills. A progress report dated 10/24/13 identifies subjective complaints including diffuse neck pain, partially relieved by medication and injection therapy. Medication is said to produce an appreciable degree of pain relief and a higher degree of daily function. No unacceptable adverse effects are noted. Cervicogenic headache is also noted, and profound relief reported after the last injection of B12, with headaches gone for over 6 months. Current medications are etodolac, gabapentin, Medrox ointment, and Ultracet. Objective examination findings identify tenderness and "deep palpation results in distal radiation of the pain. They exhibit a globally and regional reduced range of motion." Muscle strength is reduced in the hand flexors. Sensation testing is said to reveal "dysthetic sensations throughout the affected area." Diagnoses include myalgia and myositis, chronic pain syndrome, cervical spondylosis without myelopathy, and sleep disturbance. Treatment plan recommends CESI and occipital nerve block, urine screening, manual muscle testing, IM injection of Toradol and vitamin B12, hydrocodone/acetaminophen, lansoprazole, Relafen, and sumatriptan. Etodolac, gabapentin, Medrox, and Ultracet were noted to be "changed/discontinued."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone-Acetaminophen 2.5/500mg #60 with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

**Decision rationale:** Regarding the request for hydrocodone/acetaminophen, California MTUS recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects" for patients utilizing ongoing opioid therapy. Within the documentation available for review, there is documentation that medication produces an appreciable degree of pain relief and a higher degree of daily function. It is also mentioned that no unacceptable adverse effects are noted. However, the patient was noted to be utilizing Ultram and there is no rationale given for the change to hydrocodone/acetaminophen with discontinuation of Ultram when the Ultram is apparently providing significant relief without side effects. In the absence of such documentation, the currently requested hydrocodone/acetaminophen is not medically necessary.

**Lansoprazole 30mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** Regarding the request for lansoprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested lansoprazole is not medically necessary.

**Sumatriptans Succ 50mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 sumatriptan, California MTUS does not contain criteria regarding the use of triptan medications. ODG states the triptans are recommended for migraine sufferers. Within the documentation available for review, the patient's headaches are

noted to be cervicogenic in nature rather than migraines. In light of the above issues, the currently requested sumatriptan is not medically necessary.