

Case Number:	CM13-0051546		
Date Assigned:	12/27/2013	Date of Injury:	07/05/1977
Decision Date:	03/11/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/14/2013

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic headaches, neck pain, shoulder pain, wrist pain, knee pain, foot pain, and ankle pain reportedly associated with cumulative trauma at work, first claimed on July 5, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and abortive medications for migraine headaches. In a utilization review report of October 15, 2013, the claims administrator denied a request for Imitrex and tramadol, citing a lack of documented improvement. The applicant's attorney later appealed. An earlier note of August 19, 2013 is notable for multifocal complaints of headaches, migraines, neck pain, wrist pain, low back pain, hip pain, and knee pain. The applicant's exam is unchanged. The applicant is reportedly retired. He was asked to use appropriate pharmacological agents for symptomatic relief. A separate prescription for these agents is provided, it is stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for 18 Sumatriptan 25mg Refills 10 (DOS: 10/4/2013): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.pdr.net/drug-summary/imitrex-tablets?druglabelid=201>.

Decision rationale: The MTUS does not address the topic. As noted by the Physicians Drug Reference (PDR), Imitrex or sumatriptan is indicated in the acute treatment of migraine headache attacks with or without aura in adults. It is also indicated in the treatment of cluster headaches. In this case, however, the applicant has been using this particular agent chronically, it is then suggested. The attending provider did not discuss, detail, or describe the applicant's favorable response to treatment on any recent progress note provided. In fact, the bulk of the attending provider's progress notes did not even allude to the applicant's medication list or provide a list of medications which the applicant is taking. Continuing Imitrex with 10 refills in this context is not indicated. Therefore, the request remains non-certified, on independent medical review.

Retrospective Request for 90 Tramadol HCL 50MG Refills 3 (DOS: 10/4/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, it does not appear that these criteria have been met. The applicant has retired from the workplace. It is unclear whether this is a function of the industrial injury or a function of age. There is likewise no description of the applicant's prior favorable response to tramadol. There is no description of analgesia and/or improved performance of non-work activities of daily living affected as a result of ongoing tramadol usage. Therefore, the request remains non-certified owing to lack of supporting documentation.