

Case Number:	CM13-0062505		
Date Assigned:	12/30/2013	Date of Injury:	02/08/2001
Decision Date:	04/11/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 has filed a claim for chronic neck, back, shoulder, leg, and hip pain reportedly associated with an industrial injury of February 8, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; multilevel lumbar fusion surgery in February 2008; multilevel cervical fusion surgery in 2005; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture over the life of the claim; and the apparent imposition of permanent work restrictions. In a Utilization Review Report of November 27, 2013, the claims administrator denied a request for Imitrex and apparently partially certified Norco for weaning purposes. The applicant's attorney subsequently appealed. The claims administrator seemingly denied the request for Imitrex on the grounds that this is not part of the applicant's compensable injury. In a December 12, 2013 progress note, the applicant is described as reporting pain ranging from 10/10 without medications to 2/10 with medications. The applicant states that her ability to dress herself, go to the bathroom, feed herself, and converse normally has improved as a result of medication usage. The applicant states that she would be bedbound were it not for the medications. She states that Imitrex helps diminish her headaches and, by implication, allows her to remain more functional. It is acknowledged that the applicant's mental health issues are confounding the clinical picture to some extent. The applicant is conversant and does not have any evidence of psychosis. Imitrex and Norco are renewed. The applicant is using nine Imitrex tablets a month and eight Norco tablets a day. A December 5, 2013 note states that the applicant has had issues with Imitrex since the date of injury and that she has had two to three migraines a week with associated nausea and vomiting. It is noted that applicant has reported multiple episodes of her medications being stolen.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR IMITREX 100mg, #18: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition, 2013, Head-Imitrex (sumatriptan).

Decision rationale: The MTUS does not address the topic of Imitrex usage. As noted in the Physicians' Drug Reference (PDR), however, Imitrex or sumatriptan is indicated in the acute treatment of migraine headaches and/or cluster headaches. In this case, the applicant is described as having ongoing, intermittent episodic migraine headaches with associated nausea, the attending provider has posited. Imitrex has been helpful in ameliorating the same, it has been further stated. Continued usage of Imitrex at the proposed rate is indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.

THE REQUEST FOR NORCO 10/325mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 78, 88, 95-96.

Decision rationale: As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, hydrocodone has a "recommended maximum dose of 60 mg every 24 hours." In this case, the applicant is using eight Norco a day or 80 mg of hydrocodone daily. It is further noted that page 88 of the MTUS Chronic Pain Medical Treatment Guidelines states that indicators and predictors of possible misuse include such adverse behaviors as frequent reporting of stolen drugs. In this case, the applicant has reported that her drugs were stolen on two separate occasions. Neither the attending provider nor the applicant has furnished a possible explanation for this behavior. It is