

<b>Case Number:</b>	CM13-0063323		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/28/2010
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Internal Medicine, Pulmonary Diseases 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 patient is a 45-year-old female who reported an injury on 11/28/2010. The patient was most recently seen on 07/18/2013 whereupon it was noted that she had had a previous migraine headache, which caused her to pass out while at work. The patient was taken to the hospital and discharged on that same day. However, the patient has had continued complaints of pain in her head, as well as low back pain, neck pain, and shoulder pain. On examination, the patient was slower than anticipated and used a shuffling gait as well as asked for help for any type of movement of her upper and lower extremities. Evaluation of the cervical spine displayed tenderness to palpation along the paraspinal musculature bilaterally, with full range of motion of the shoulders with only noted tenderness with provocative testing for impingement, with some tenderness over the glenohumeral joint. However, the patient did not allow a full examination of the left shoulder stating that it was too painful to move in any direction. The patient also had full and unrestricted range of motion of the elbows, although there was complaint of pain with motion. The wrists had full unrestricted range of motion and she was neurologically intact at her hands. Evaluation of the lumbar spine noted displayed tenderness to palpation along the paraspinal musculature bilaterally, with a positive straight leg raise on the left in the supine and sitting position, with a negative straight leg raise on the right. The hips have no pain with log rolling, and the knees have full and unrestricted range of motion with no tenderness to palpation along the medial or lateral joint line and neurologically the patient is intact at the feet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Imitrex 50mg, #9 at the onset of headache:** 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 Drugs.Com <http://www.drugs.com/imitrex.html>.

**Decision rationale:** The Expert Reviewer's decision rationale: Regarding the request for Imitrex 50 mg, a total of 9, according to the online website drugs.com, Imitrex (sumatriptan) is a headache medication that narrows blood vessels around the brain. It also reduces substances in the body that can trigger headache pain, nausea, sensitivity to light and sound, and other migraine symptoms. In the case of this patient, although she was noted to have had a previous migraine headache, without having any current clinical documentation providing a thorough overview of the patient's current pathology, the requested service cannot be established for medical necessity. Therefore, the requested Imitrex 50mg, #9 at the onset of headache is not considered medically necessary and is non-certified.

**Fexmid 7.5mg #60 one BID:** 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 ANTISPASMODICS Page(s): 64.

**Decision rationale:** The Expert Reviewer's decision rationale: Regarding the request for Fexmid 7.5 mg, a total of 60 one twice a day, according to California MTUS Guidelines, this type of medication is recommended for a short course of therapy with limited, mixed evidence that does not allow for a recommendation for chronic use. In the case of this patient, the documentation dated 07/18/2013 notes that the patient was taking this medication at that time. However, there is no current clinical examination provided for review indicating this medication has been effective in reducing the patient's muscle spasms. Furthermore, because the medication has been utilized since 07/2013, and with the recommendation under California MTUS Guidelines to not utilize this medication long term, the requested service cannot be supported at this time. As such, the request for Fexmid 7.5mg #60 one BID is non-certified.

**Prilosec 20mg, #30 one QD:** 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The Expert Reviewer's decision rationale: Regarding the last request for Prilosec 20 mg a total of 30 one every day, according to California MTUS Guidelines, patients at intermediate risk for gastrointestinal events and no cardiovascular disease may benefit from the use of a proton pump inhibitor. In the case of this patient, it was noted that she had been utilizing Prilosec since at least 07/18/2013. However, with no current documentation indicating the patient has any GI issues related to medication use or as an independent condition, the rationale for the continuation of its use cannot be established. As such, the requested Prilosec 20mg, #30 one QD is non-certified.