

<b>Case Number:</b>	CM13-0072463		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/28/2006
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 pain syndrome, chronic shoulder pain, headaches, and depression reportedly associated with an industrial injury of February 28, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; psychotropic medications; multiple shoulder surgeries following an industrial fall injury; and transfer of care to and from various providers in various specialties. In a utilization review report dated December 5, 2013, the claims administrator partially certified a request for Inderal or propranolol, stating that the applicant's treating provider was better served periodically reevaluating the applicant, partially certified Pristiq, an antidepressant, again on the grounds that the applicant's attending provider should periodically reevaluate the applicant, partially certify Topamax, again on the grounds that the applicant's attending provider should intermittently reevaluate the applicant, and partially certified Sumavel, again stating that the applicant's attending provider should periodically reevaluate the applicant to determine the efficacy as opposed to furnishing the applicant with several months' supply of the medications in question. The claims administrator used non-MTUS ODG Guidelines extensively, sometimes in favor of MTUS references. The applicant's attorney subsequently appealed. In a progress note dated October 23, 2013, the applicant was described as having issues with headaches, tinnitus, shoulder pain, and sleep apnea. The applicant was reportedly not tolerating a mask for sleep apnea. The applicant was on Norco, Topamax, Inderal, and Pristiq. The applicant stated that Relpax and Sumavel apparently helped his headaches. The applicant stated that he was no longer as depressed as formally. Pristiq was helping his depression, it was stated. The applicant stated that Nuvigil was helping him stay awake. The applicant was still having difficulty with basic activities of daily living, including dressing himself, owing to shoulder pain. The applicant reported 6 to 7/10 pain with medications and 9/10 pain without medications. Limited shoulder range of motion was noted. The applicant was given several medication refills. It was stated that the Topamax and

propranolol (Inderal) has been helpful in terms of headache prophylaxis. Sumavel was endorsed for occasional severe headache pain. The applicant was asked to try and minimize Norco consumption. The applicant was asked to try to employ home exercises. Work restrictions were endorsed, although it did not appear that the applicant was working.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PROPRANOLOL ER 60MG #30 WITH 3 REFILL: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 6, PAGE 115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Food and Drug Administration (FDA), Inderal (Propranolol) Medication Guide Page(s): 7-8.

**Decision rationale:** The MTUS does not address the topic of propranolol usage. However, pages 7 and 8 of the MTUS of Chronic Pain Medical Treatment Guidelines do seemingly endorse usage of drugs for FDA labeled purposes. As noted by the Food and Drug Administrator (FDA), propranolol or Inderal is indicated in the management of hypertension, angina, atrial fibrillation, myocardial infarction, migraines, and essential tremors. In this case, the attending provider has seemingly posited that the employee is using propranolol or Inderal for migraine headache prophylaxis. The attending provider had posited that this particular medication has reduced the employee's frequency and severity of headaches. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

#### **PRISTIQ 50MG, #30 (DAW) WITH 3 REFILLS.: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** The employee appears to be using Pristiq as an antidepressant as opposed to an adjuvant medication for pain. The attending provider has posited that ongoing usage of Pristiq has attenuated the severity and frequency of the employee's symptoms of depression and poor mood. Since it takes several weeks to several months for antidepressants to take effect, continuing Pristiq at the rate, amount, and frequency proposed by the attending provider does appear to be indicated, given the employee's prior favorable response to the same. Therefore, the request is medically necessary.

#### **TOPAMAX 25MG #60 WITH 3 REFILLS.: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate section Page(s): 21.

**Decision rationale:** As noted on page 21 of the MTUS Chronic Pain Medical Treatment Guidelines, topiramate or Topamax is considered for use for neuropathic pain while the other anticonvulsants fail. Page 3 of the MTUS Chronic Pain Medical Treatment Guidelines seemingly indicates that propositions of all chronic pain conditions have some central or neuropathic component. In this case, as with the other medications, the attending provider has seemingly posited the ongoing usage of Topamax has been beneficial in terms of the attenuating both the employee's pain complaints and the employee's headaches. The employee's pain scores have dropped from 9 to 10/10 to 6 to 7/10 with ongoing medication usage, including ongoing Topamax usage. Therefore, the request is medically necessary.

**SUMAVEL DOSE PACK 6MG, X10.5 #12 WITH 3 REFILLS.:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), TREATMENT INDEX, 11TH EDITION (WEB), 2013, HEAD CHAPTER, TRIPTANS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Food and Drug Administration (FDA), Sumavel Medication Guide Page(s): 7-8.

**Decision rationale:** While the MTUS did not specifically address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines seemingly endorsed usage of medications for FDA approved purposes. In this case, the Food and Drug Administration (FDA) does note that Sumavel or sumatriptan is indicated in the acute treatment of migraine attacks. In this case, the attending provider has stated that the employee has a definitive diagnosis of migraine headaches, post-traumatic, and has reportedly benefited through ongoing usage of Sumavel if and when the employee experiences breakthrough headaches despite ongoing usage of Topamax and propranolol. Continuing Sumavel at the rate, frequency, and the amount proposed by the attending provider is therefore medically necessary.