

Case Number:	CM14-0000765		
Date Assigned:	01/17/2014	Date of Injury:	03/18/1987
Decision Date:	06/11/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 55-year-old male who was injured on 3/18/1987. The diagnoses listed are neck pain, migraine headache, muscle spasm, and low back pain. The medications are Imitrex for migraine, Pristiq for depression and headache, methadone and Vicodin for pain and phenergan for nausea. On 12/3/2013, the provider noted that the patient had been on Imitrex for many years. The headache was now occurring less frequently. There was significant pain relief following Myoblock injections to the neck and occipital area. A Utilization review decision was rendered on 12/19/2013 recommending non certification of Imitrex 6mg/0.5 subcutaneous injection, Methadone 10mg q 6 hours, Pristiq 50mg buccal, phenergan 25mg/ml injection and Vicodin 7.5/750mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHENERGAN SOLUTION 25MG/ML INJECTION EVERY DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Anti-emetics for opioid nausea, and Food and Drug Administration (FDA)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: The CA MTUS did not address the use of anti-emetics in the treatment of migraine headache associated nausea. The MTUS guideline did not recommend the use of phenergan injections for the long term treatment of opioid induced nausea and vomiting. The Official Disability Guidelines (ODG) recommends that injectable anti-emetic medication use be limited to acute care setting because of the risk of adverse effects such as sedation and drug interaction with narcotics. In this case, the patient is utilizing phenergan injection for the treatment of opioid induced nausea and vomiting and migraine headache. The request for phenergan is not in accordance with the guidelines, therefore, is not certified.

PRISTIQ 50 MG -1 TABLET ORALLY DAILY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness chapter.

Decision rationale: The CA MTUS did not specifically address the use of Pristiq for the treatment of depression and neuropathic pain. The Official Disability Guidelines (ODG) does recommend serotonin-norepinephrine reuptake inhibitors (SNRIs) medications to be used as first-line medications for the treatment of depression and neuropathic pain including headache. The ODG recommends that Pristiq be used as a second-line medication for patient who have failed treatment with or cannot tolerate tricyclic antidepressants. The records did not show that the patient have failed treatment with first line medications such as tricyclic antidepressants and anticonvulsants. Therefore, the request is not certified.

VICODIN ES 7.5-750 MG 1 TABLET ORALLY 4 TIMES DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The CA MTUS recommends that opioids be used for short term treatment of severe pain during acute injury or periods of exacerbations of chronic pain that is not responsive to standard non-steroidal anti-inflammatory drugs (NSAIDs), physical therapy, and exercise. The documentation during chronic opioid treatment should include compliance monitoring measures such as pain contract, urine drug screen monitoring, absence of aberrant behaviors and improvement in activities of daily living (ADLs)/functional restoration. The record is deficient on these required documentations. The provider indicated that the patient was stable. The headache was no longer occurring weekly but intermittently. During chronic opioid medications

treatment, the acetaminophen component should be reduced from 750mg to 325mg per dose to minimize the risk of liver toxicity. As such, the request is not certified.

IMITREX SOLUTION 6MG/0.5 ML SUBCUTANEOUS AS DIRECTED X4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head chapter.

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.

Decision rationale: The CA MTUS did not address the use of Triptans in the treatment of migraine headache. The Official Disability Guidelines (ODG) recommends that preventive measures and preventive medications be used for the long term treatment of migraine headache. The use of injectable medications should be limited to the treatment of acute migraine attacks that is non-responsive to oral medication treatment. The records indicate that the migraine is now occurring intermittently. The patient was reported to be stable. The use of first-line preventive medications should be considered. The frequent use of Imitrex and opioids medication can lead to more frequent overuse headache. As such, the request is not certified.

METHADONE 10 MG- 1 TABLET ORALLY EVERY 6 HOURS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Food and Drug Administration (FDA).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The CA MTUS recommends that the use of opioids be limited to short term treatment of severe pain during acute injury or period of exacerbations of chronic pain that is not responsive to standard non-steroidal anti-inflammatory drugs (NSAIDs), physical therapy, and exercise. Opioids could also be used for long term treatment of patients who have exhausted all treatment measures including surgeries and interventional pain relief procedures. Methadone is classified as a second-line opioid medication. Because of the high incidence of severe adverse effects including cardiac complications, it is recommended that only experienced methadone prescribers manage the methadone regimen. The documentation during opioid treatment should include compliance monitoring measures such as pain contract, urine drug screen monitoring, absence of aberrant behavior and improvement of activities of daily living (ADLs)/functional restoration. The available records did not include these required documentations. Due to the lack of support from clinical documentation and the guidelines, the request is not certified.