MAXIMUS Federal Services

Case Number:	CM14-0004110		
Date Assigned:	02/03/2014	Date of Injury:	02/11/1994
Decision Date:	06/25/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/10/2014

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 Management 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 has filed a claim for migraines associated with an industrial injury date of February 11, 1994. Review of progress notes reports chronic bilateral upper extremity pain partially relieved with medications and injections. Patient is able to perform activities of daily living with the current treatment regimen. Patient also experiences sleep difficulties and frustrated mood. Findings include tenderness, with distal radiation of pain upon deep palpation. There is spasm of the temporalis, cervical paraspinals, and upper extremity region. There is also allodynia and hypersensitivity throughout the affected area.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #90 X4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78-81.

Decision rationale: As noted on page 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least July 2012. Patient reports decreased pain and improvement in the ability to perform activities of daily living with use of this medication. However, there is no support for the necessity for additional 3 months' supply as further prescriptions are based on ongoing medication compliance and efficacy. Therefore, the request for Norco 10/325 #90 x4 is not medically necessary.

PROPRANOLOL 40 MG #60 X4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS National Clinical Guideline Centre, London (UK) National Institute for Health and Clinical Excellence (NICE), page 150

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Head chapter, Botulinum toxin for chronic migraine

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, amitriptyline, beta blockers, topiramate, and valproic acid and its derivatives, are first-line agents for the treatment of chronic migraines. Patient has been on this medication since at least July 2012. This medication is being used in this patient to treat migraine headaches. Patient reports decreased pain and improvement in the ability to perform activities of daily living with use of this medication. There is note of discontinuation of this medication as per progress note of July 02, 2013. It is not documented as to why this medication has been discontinued or re-started, and there is no indication as to why two migraine medications is necessary in this patient. Therefore, the request for propranolol 40mg #60 x4 was not medically necessary.

TOPIRAMATE 200 MG #60 X4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIEPILEPSY DRUGS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 16-21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, Botulinum toxin for chronic migraine.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. According to ODG, amitriptyline, beta blockers, Topiramate, and valproic acid and its derivatives, are first-line agents for the treatment of chronic migraines. Patient has been on this medication since at least January 2013. Patient has been able to be off Fiorinal for the headaches while on this medication. Topiramate is a reasonable first-line option in this patient to manage the migraine headaches. Therefore, the request for Topiramate 200mg #60 x 4 is medically necessary.

LIDODERM 5% PATCH #60 X4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 56-57.

Decision rationale: As stated on pages 56-57 in the CA MTUS chronic pain medical treatment guidelines, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Patient has been on this medication since at least January 2013. Patient reports 75% relief with this medication. There is note that the patient will reduce her opioids by 30% with access to the patches. However, there is no documentation regarding trial of and failure of other first-line therapy aside from gabapentin and pregabalin in this patient. Therefore, the request for Lidoderm 5% patch x4 was not medically necessary.