

<b>Case Number:</b>	CM14-0102015		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/17/2009
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 48 year old female was reportedly injured on 9/17/2009. The most recent progress note, dated 5/21/2014, indicates that there are ongoing complaints of chronic neck pain, headaches, the physical examination demonstrated cervical spine: positive tenderness to palpation especially in the left medial scapular region, FF two fingers from chin to sternum, extension 20, upper extremity reflexes 2+ equal bilaterally, mild decreased sensation along the posterior lateral arm and forearm on the left, positive tenderness to palpation around the left shoulder, decreased range of motion in all planes, tenderness in the sub occipital bursa, mildly antalgic gait favoring the right lower extremity, positive tenderness to palpation of the posterior lumbar musculature bilaterally, forward flexion fingertips to knees extension 10 degrees, and straight leg raises positive on the right at 60 degrees. No recent diagnostic studies are available for review. Previous treatment includes spinal cord stimulator trial, medications, conservative treatment. A request was made for Norco 10/325 mg #300, Anaprox 550 mg #120, Prilosec 20 mg #120, Imitrex 100 mg #90, and was not certified in the preauthorization process on 6/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #300:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** Norco (Hydrocodone/Acetaminophen) is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. The MTUS treatment guidelines support short acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic neck, shoulder, and low back pain after a work related injury in 2009. Review of the available medical records fails to documents any objective or clinical improvement in their pain or function with the current regimen. As such, this request is not medically necessary.

**Anaprox DS 550mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 & 73.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. According to the medical record there is no reported decrease pain and increased functional activity related directly to the use of medication. Therefore this request for Anaprox is not medically necessary.

**Imitrex 100mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/imitrex.html>, Imitrex

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/ Disability Duration Guidelines Head (trauma, headaches, etc., not including stress & mental disorders)

**Decision rationale:** Sumatriptan belongs to the triptan class of medications used to treat migraine headaches. The activity is based on an agonist effect on the serotonin 5 HT receptors causing a vasoconstriction, inhibiting the release of inflammatory mediators. The record provides documentation of cervicogenic headaches, however there is no diagnosis associated with migraine headaches which is what this medication is used for treatment of. Therefore this request is not medically necessary.