

Case Number:	CM14-0011081		
Date Assigned:	02/21/2014	Date of Injury:	03/08/2011
Decision Date:	06/25/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 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 claimant was injured on 03/08/11. He had an agreed panel QME with [REDACTED] on 07/24/13. His mechanism of injury was cumulative trauma from 11/01/10 to 03/24/11 while he was working as an auto parts sales person. He stated that he began to develop neck pain and headaches which became severe. He was treated by a chiropractor. Eventually, he had surgery to his neck at levels C3, C4, C5, and C7. The headaches stopped but the neck pain remained and he also developed clenching and grinding of his teeth. He was also evaluated for anxiety, depression, and stress with a psychologist/psychiatrist. He had numerous lost or damaged teeth. He reported no headaches or jaw pain. He had an extensive evaluation of his mouth and teeth. He had no problems with the TMJ. He received an impairment rating. On 09/06/13, he saw [REDACTED] and was very upset. His neck was basically as good as it was going to get. He was doing better after an epicondylar injection. He had missed his acupuncture visits due to his appointments. He was prescribed Protonix, Norco, Soma, and Cidaflex. He had also attended a number of visits of cognitive behavioral therapy. On 09/24/13, [REDACTED] stated that he had stress-related hypertension also. On 09/24/13, a urine drug screen revealed the presence of acetaminophen, Carisoprodol, meprobamate, a benzodiazepine, hydrocodone and hydromorphone. The notes by [REDACTED] dated 10/25/13 indicates that he was seen at the request of [REDACTED] and had ongoing QME appointments. He was status post cervical fusion surgery with pain and tenderness in the paracervical musculature mainly on the right side with spasm. He had decreased range of motion and head compression testing was positive. He had some residual C8 sensory deficits in the right upper extremity but reflexes were normal. He had a slight tremor in the right upper extremity. Diagnoses included status post cervical fusion, right lateral epicondylitis, right upper extremity radiculopathy, gastritis secondary to chronic medication use, stress, anxiety, depressive disorder, sleep disturbance. He stated that he had

recommended exercises but the patient was resigned to basically dealing with his symptoms where they are. He was agoraphobic and continued to be very anxious and depressed and became tearful. He was given refills of his medications at his request. He was prescribed Dendracin lotion, sumatriptan, losartan, and Ultram ER. These medications are under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN 120ML:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SALICYLATE TOPICALS Page(s): 05, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL MEDICATIONS Page(s): 143.

Decision rationale: The medical history and documentation do not objectively support the request for Dendracin lotion. The CA MTUS page 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant received refills of his other oral medications, also. The anticipated additional benefit to the claimant is not described and none can be ascertained. It is not clear what body part is being treated with this medication. This appears to be a refill but there is also no description of past benefit to the claimant from the use of this medication which should include his pattern of use and his level of pain before and after use along with the duration of relief. The medical necessity of this request has not been clearly demonstrated. Therefore, the request is not medically necessary.

SUMALRIPTAN 50MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head (Updated 11/18/13) Triptans.

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

Decision rationale: The history and documentation do not objectively support the request for sumatriptan. The claimant had a history of headaches, the nature of which is unclear, but which appeared to have resolved as of 07/24/13. There is no evidence of migraine headaches to support the use of this type of medication. This appears to have been a refill and there is also no description of past benefit to the claimant from the use of this medication which should include his pattern of use and his level of pain before and after use along with the duration of relief. The medical necessity of this request has not been clearly demonstrated. Therefore, the request is not medically necessary.

LOSARTAN 50MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (Updated 09/05/13).

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

Decision rationale: The history and documentation do not objectively support the request for ongoing use of Losartan. The ODG state it is an anti-hypertensive. There is brief mention of stress-induced hypertension but there is no evidence that the claimant's blood pressure is being monitored, including monitoring of the effect of on his blood pressure by this medication. Losartan is a first line anti-hypertensive medication and when discontinued, should be weaned over a few weeks. The claimant's duration of use and current dose is unknown. The medical necessity of ongoing use has not been clearly demonstrated. Therefore, the request is not medically necessary.

ULTRAM ER 150MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL Page(s): 145.

Decision rationale: The history and documentation do not objectively support the request for Ultram ER. The CA MTUS page 145 state "Tramadol (Ultram®) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs such as acetaminophen and anti-inflammatory medications. The anticipated benefit of the continuation of this medication has not been stated. This appears to be a refill, but there is no description of past benefit to the claimant from the use of this medication which should include his pattern of use and his level of pain before and after use along with the duration of relief. The medical necessity of this request has not been clearly demonstrated. Therefore, the request is not medically necessary.