

Case Number:	CM14-0012135		
Date Assigned:	02/21/2014	Date of Injury:	07/23/2009
Decision Date:	06/26/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/30/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 56-year-old male who reported an injury on 07/23/2009 secondary to an unknown mechanism of injury. The injured worker was evaluated on 12/02/2013 for reports of neck and back pain and headaches. The injured worker reported little changes in his symptoms since the previous visit and continued to have upper back and neck pain with radiation into the back of the head. The patient reported significant functional and symptomatic improvement from his medications though he did continue to experience distressing pain. The exam noted extension of the neck to be decreased about 50%, flexion to be decreased about 40% and cervical paraspinous tenderness extending to the proximal trapezius and levator scapulae bilaterally. The diagnoses included headache, spondylosis, thoracic spine pain, cervical radiculopathy and fibromyalgia. The treatment plan included continue medication therapy. The Request for Authorization and rationale for the request were not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUMATRIPTAN SUCCINATE 50 MG #30: 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).

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 request for sumatriptan succinate 50 mg #30 is not medically necessary. The Official Disability Guidelines may recommend trip tans for migraine sufferers. Although the injured worker does have a diagnosis of headache, there is a lack of objective evidence or diagnosis of migraines. There is also a lack of significant evidence of the efficacy of this medication. Therefore, based on the documentation provided, the request is not medically necessary.

HYDRO-ACETAMINOPHEN 10 MG-325MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for hydro-acetaminophen 10 mg-325mg #180 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective quantified assessment of the injured workers pain level and the efficacy with this medication. The exam noted little change in his symptoms. However, the exam further noted continued functional and symptomatic improvement with his medicines. It is unclear if the injured worker has had relief of symptoms and if so, to what level with and without the medication. Therefore, based on the documentation provided, the request is not medically necessary.