

Case Number:	CM14-0015126		
Date Assigned:	02/28/2014	Date of Injury:	03/25/2010
Decision Date:	07/23/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/06/2014

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 and 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 34-year-old female with a reported date of injury of 3/25/10. The injury occurred when the injured worker was trying to move a 55-pound box from an overhead shelf and it slid and fell on the side of her neck and shoulder, yanking her left upper extremity and causing her to twist her back. Her diagnoses include chronic pain syndrome, epigastric abdominal pain, cervical spondylosis without myelopathy, displacement of cervical intervertebral disc without myelopathy, disc displacement with radiculitis to the lumbar spine, displacement of thoracic intervertebral disc without myelopathy, adjustment disorder with mixed anxiety and depressed mood, and tension headaches. Her previous treatments include medications, physical therapy, and consults with a neurologist and spine surgeon. Her medications include Maxalt 5 mg, Promethazine hydrochloride 25 mg, Fioricet 50/325/40 mg, Topamax 50 mg, Norco 10/325 mg, Cymbalta 60 mg, Prevacid 30 mg, Doc-Q-Lax 100 mg, Lyrica 100 mg, and metaxalone 800 mg. The progress note dated 1/20/14 reported the injured worker came in for a complaint of nausea and reported insomnia was improving slowly; however, her headaches were worse.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAXALT 5MG #360: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The injured worker takes Maxalt for her headaches. The Official Disability Guidelines recommend triptans for migraine sufferers. Maxalt has demonstrated, in a head-to-head study, higher response rates and more rapid onset than sumatriptan, together with a favorable tolerability profile. The documentation provided diagnosed the injured worker with tension headaches; Maxalt is for migraines and is not supported for the treatment for tension headaches. Therefore, the use of this medication is not supported by the guidelines. Additionally, the request failed to provide frequency at which the medication is to be utilized. As such, the request is not medically necessary.

PROMETHAZINE 25MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The injured worker has been complaining of nausea and vomiting that began following industrial medication initiation. The Official Disability Guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. The guidelines recommend Promethazine as a sedative and antiemetic in preoperative and postoperative situations. The guidelines state that multiple central nervous system effects are noted with use including somnolence, confusion, sedation, and tardive dyskinesia. This is characterized by involuntary movements of the tongue, mouth, jaw, and/or face. The guidelines state that development appears to be associated with prolonged treatment and in some cases can be irreversible. The documentation is unclear as to the true cause of the nausea and vomiting and the guidelines do not recommend for nausea and vomiting secondary to chronic opioids use. The guidelines recommend Promethazine as a sedative and antiemetic in preoperative and postoperative situations; however, the injured worker is not scheduled to have surgery. Additionally, the request failed to provide frequency at which the medication is to be utilized. As such, the request is not medically necessary.

FIORICET 50/325/40 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: The injured worker has been taking Fioricet since May 2013. The California Chronic Pain Medical Treatment Guidelines do not recommend barbiturate-containing analgesic

agents for chronic pain. The potential for drug dependence is high and no evidence exists to show clinically important enhancement of analgesic efficacy of barbiturate-containing analgesics due to the barbiturate constituents. The guidelines also state there is a risk of medication overuse, as well as rebound headache, which is problematic considering the patient's history of tension headaches. There is a lack of documentation regarding the efficacy of this medication. Also, a urine drug screen was performed on 1/20/14 which was negative for barbiturates. The request failed to provide the frequency at which the medication is to be utilized. As such, the request is not medically necessary.

NORCO 10/325MG #45: Upheld

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

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

Decision rationale: The injured worker reported her functionality is better and medication usage has decreased. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the "4 As" for ongoing monitoring should be addressed, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There is a lack of documentation of evidence of decreased pain on numerical scale with the use of medications. The documentation provided does report there is an improvement in functional status. It is unclear regarding the adverse effects with the use of this medication. The injured worker does have nausea and vomiting; however, it is unclear as to which medication is causing it. The injured worker has received a drug screen on 1/20/14 which reported a negative use of opioids. Additionally, the request failed to provide the frequency at which the medication is to be utilized. As such, the request is not medically necessary.

PREVACID 30MG #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The injured worker has been taking this medication due to reflux in regard to medications. The California Chronic Pain Medical Treatment Guidelines recommend physicians to determine if the injured worker is at risk for gastrointestinal events. Risk factors include an age greater than 65 years; a history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of aspirins, corticosteroids, and/or anticoagulant; or high dose/multiple NSAIDs. The injured worker has been diagnosed with gastroesophageal reflux disease; however, she is not currently taking NSAIDs to necessitate the need for this medication.

The documentation provided did not indicate as to whether her gastroesophageal reflux disease was caused by medications or another problem. As such, the request is not medically necessary.

DOC-Q-LAX 100MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The injured worker does not have a diagnosis of constipation. The California Chronic Pain Medical Treatment Guidelines recommend prophylactic treatment of constipation when initiating therapy. The Official Disability Guidelines recommend that there should be an open discussion with the injured worker that a medication may be constipating and the first dose should be identified to correct this. The Official Disability Guidelines recommend that if prescribing opioids has been determined to be appropriate, then it is recommended that prophylactic treatment of constipation should be initiated. The guidelines state that opioid-induced constipation is a common adverse effect of long-term opioid use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. There is a lack of documentation regarding constipation and the previous opioid request is not recommended. Additionally, the request did not provide the frequency at which the medication is to be utilized. As such, the request is not medically necessary.

LYRICA 100MG #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99, 19.

Decision rationale: The injured worker has been taking Lyrica since March 2013. The California Chronic Pain Medical Treatment Guidelines state Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, as well as fibromyalgia. The documentation provided reported the neurological examination was within normal limits. There was a lack of documentation regarding neuropathic pain which would warrant the continued use of this medication. Additionally, the request failed to provide the frequency at which the medication is to be utilized. As such, the request is not medically necessary.