

Case Number:	CM14-0113665		
Date Assigned:	08/01/2014	Date of Injury:	03/06/2007
Decision Date:	10/01/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/21/2014

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 Texas and Ohio. 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 60 year old male who reported an injury on 03/06/2007 with an unknown mechanism of injury. The injured worker was diagnosed with cerviclavica, lumbago, left leg, hip. The injured worker was treated with medications. The injured worker had no documentation of diagnostics or surgical history. The injured worker complained of migraine headaches and mild to moderate chronic aches and pains on evaluation dated 06/15/2014. The 05/08/2014 progress report was handwritten and largely illegible. The physician noted the injured worker had tenderness to the cervical and lumbar spines, a positive Spurling's, and decreased range of motion. The injured worker was prescribed Sumatriptan Succinate 25mg one at onset of headache and repeated two hours later if needed, and Terocin Patch as needed. The treatment plan was for Sumatriptan Succinate 25mg #18 and Terocin Patch #30. The rationale for the request was for migrainous headaches associated with chronic cervical pain and for treatment of mild to moderate acute or chronic aches or pains. The request for authorization was submitted for review on 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan Succinate 25mg #18: 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 Procedure Summary last updated 05/28/14

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 25mg #18 is not medically necessary. The injured worker is diagnosed with cerviclavialgia, lumbago, left leg, and hip. The injured worker complained of migraine headaches and mild to moderate chronic aches and pains. The Official Disability Guidelines recommended triptans for migraine sufferers. At marketed doses, all oral triptans are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. There is a lack of documentation demonstrating the injured worker has migraine headaches, as well as information detailing the frequency and severity of the injured worker's headache. The injured worker's medical records lack documentation of the efficacy of the medication, the time frame of efficacy, and functional improvement that the medication provides. Additionally, the request does not indicate the frequency of the medication. As such, the request for Sumatriptan Succinate 25mg #18 is not medically necessary.

Terocin Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for terocin patch #30 is not medically necessary. The injured worker is diagnosed with cerviclavialgia, lumbago, left leg, and hip. The injured worker complained of migraine headaches and mild to moderate chronic aches and pains. The California MTUS guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy such as gabapentin or Lyrica. No other commercially approved topical formulations of lidocaine creams, lotions or gels are indicated for neuropathic pain except for lidoderm. The requested medication contains 4% lidocaine and 4% menthol which is not a formulation of lidocaine in which the guidelines recommend. The injured worker's medical records lack documentation of the efficacy of the medication, the time frame of efficacy, and the functional improvement that the medication provides. Additionally, the request does not indicate the quantity or site of application, and frequency of the medication. As such, the request for Terocin patch #30 is not medically necessary.