

Case Number:	CM14-0118253		
Date Assigned:	08/06/2014	Date of Injury:	11/22/2000
Decision Date:	09/10/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/25/2014

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:

This patient sustained an injury on 11/22/2000 while employed by [REDACTED]. Request(s) under consideration include Imitrex (sumatriptan succinate), 30 day supply, Fexmid 7.5 mg tablet #60, 30 day supply, and Hydro/APAP 2.5/325mg #120, 30 day supply. Diagnoses include thoracic sprain, neck sprain/ cervical spondylosis, lumbosacral sprain/spondylosis; and wrist sprain. Report of 6/9/14 from the provider noted patient with complaints of severe daily headaches; continuing pain in the cervical spine, thoracic spine, and lumbar spine associated with numbness, tingling, and radiating in the upper and lower extremities with weakness. There was a peer review dated 4/28/14 with modification of Hydrocodone request to certify for one-month supply given lack of documented functional benefit. Request(s) for Imitrex (sumatriptan succinate), 30 day supply, Fexmid 7.5 mg tablet #60, 30 day supply, and Hydro/APAP 2.5/325mg #120, 30 day supply were non-certified on 6/23/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex (sumatriptan succinate), 30 day supply: 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), Triptans; Head Chapter.

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, page 221.

Decision rationale: This patient sustained an injury on 11/22/2000 while employed by [REDACTED]. Request(s) under consideration include Imitrex (sumatriptan succinate), 30 day supply, Fexmid 7.5 mg tablet #60, 30 day supply, and Hydro/APAP 2.5/325mg #120, 30 day supply. Diagnoses include thoracic sprain, neck sprain/ cervical spondylosis, lumbosacral sprain/spondylosis; and wrist sprain. Report of 6/9/14 from the provider noted patient with complaints of severe daily headaches; continuing pain in the cervical spine, thoracic spine, and lumbar spine associated with numbness, tingling, and radiating in the upper and lower extremities with weakness. There was a peer review dated 4/28/14 with modification of Hydrocodone request to certify for one-month supply given lack of documented functional benefit. Request(s) for Imitrex (sumatriptan succinate), 30 day supply, Fexmid 7.5 mg tablet #60, 30 day supply, and Hydro/APAP 2.5/325mg #120, 30 day supply were non-certified on 6/23/14. Sumatriptan Succinate Imitrex Tablets are indicated for the acute treatment of migraine attacks with or without aura in adults. Serious cardiac events, including some that have been fatal, have occurred following the use of Imitrex Injection or Tablets. These events are extremely rare and most have been reported in patients with risk factors predictive of CAD. Events reported have included coronary artery vasospasm, transient myocardial ischemia, myocardial infarction, ventricular tachycardia, and ventricular fibrillation. The medical report from [REDACTED] has no documentation for medical necessity of this medication and how it relates to the industrial injury under review. The patient has no confirmed diagnostic pathology on imaging study, electrodiagnostics or clinical examination to support treatment of migraines as it relates to injury under review. There is no history of head trauma and cervical spine MRI and EMG/NCV of the cervical spine and upper extremities are unremarkable. Previous Imitrex treatment has not resulted in any documented functional improvement in pain relief or clinical findings as the patient continues with significant pain scale without objective changes. Medical necessity has not been established or demonstrated from the submitted reports. Imitrex (sumatriptan succinate), 30 day supply is not medically necessary and appropriate.

Fexmid 7.5 mg tablet #60, 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, page 64 Page(s): 64.

Decision rationale: This patient sustained an injury on 11/22/2000 while employed by [REDACTED]. Request(s) under consideration include Imitrex (sumatriptan succinate), 30 day supply, Fexmid 7.5 mg tablet #60, 30 day supply, and Hydro/APAP 2.5/325mg #120, 30 day supply. Diagnoses include thoracic sprain, neck sprain/ cervical spondylosis, lumbosacral sprain/spondylosis; and wrist sprain. Report of 6/9/14 from the provider noted patient with complaints of severe daily headaches; continuing pain in the cervical spine, thoracic spine, and lumbar spine associated with numbness, tingling, and radiating in the upper and lower

extremities with weakness. There was a peer review dated 4//28/14 with modification of Hydrocodone request to certify for one-month supply given lack of documented functional benefit. Request(s) for Imitrex (sumatriptan succinate), 30 day supply, Fexmid 7.5 mg tablet #60, 30 day supply, and Hydro/APAP 2.5/325mg #120, 30 day supply were non-certified on 6/23/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2000. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use. The Fexmid 7.5 mg tablet #60, 30 day supply is not medically necessary and appropriate.

Hydro/APAP 2.5/325mg #120, 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96, On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects Page(s): 74-96.

Decision rationale: This patient sustained an injury on 11/22/2000 while employed by [REDACTED]. Request(s) under consideration include Imitrex (sumatriptan succinate), 30 day supply, Fexmid 7.5 mg tablet #60, 30 day supply, and Hydro/APAP 2.5/325mg #120, 30 day supply. Diagnoses include thoracic sprain, neck sprain/ cervical spondylosis, lumbosacral sprain/spondylosis; and wrist sprain. Report of 6/9/14 from the provider noted patient with complaints of severe daily headaches; continuing pain in the cervical spine, thoracic spine, and lumbar spine associated with numbness, tingling, and radiating in the upper and lower extremities with weakness. There was a peer review dated 4//28/14 with modification of Hydrocodone request to certify for one-month supply given lack of documented functional benefit. Request(s) for Imitrex (sumatriptan succinate), 30 day supply, Fexmid 7.5 mg tablet #60, 30 day supply, and Hydro/APAP 2.5/325mg #120, 30 day supply were non-certified on 6/23/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. The MTUS provides requirements of the treating physician to assess and document

for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Hydro/APAP 2.5/325mg #120, 30 day supply is not medically necessary and appropriate.