

<b>Case Number:</b>	CM14-0131925		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	03/16/2001
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Family Medicine and is licensed to practice in New Jersey and New York. 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 54 year-old female who had a remote, undocumented injury on 6/25/98 at her place of employment. She was diagnosed with lumbosacral degenerative disc disease. A 4/2003 EMG showed right ulnar motor neuropathy. In 11/2004, a lumbar spine CT was unremarkable with mild degree of facet arthropathy. She was diagnosed with bilateral upper extremity complex regional pain syndrome and had a post spinal cord stimulator placed in 3/2005 with revisions in 2/2008, 1/2010, and 2/2014. Her extremities are hypersensitive and painful and she experiences tremors. She is wheelchair bound and suffers from depression. She was also diagnosed with deQuervain tenosynovitis, lateral epicondylitis, medication-induced gastritis, dental caries from xerostomia from chronic opiate use, and chronic cervicogenic headaches. Her headaches due to post traumatic cervical dystonia were treated with trigger point injections, occipital blocks, and most recently with a Botox injection which allowed her to reduce her Norco use. Topamax, stretching exercises, and physical therapy did not help her headaches and cervical dystonia. She continued on Baclofen for tremors of her extremities and Primidone for lower extremity tremors. The patient was also on Ultram ER, Neurontin, Ativan, Lidoderm patch, and Cymbalta. She claimed that Oxycontin (used twice a week) and Norco (used as needed for headaches) use allowed her to function daily. Her cervical and lumbar spinal cord stimulator decreases the pain by 50%. A head CT was negative. A 6/2014 CT of cervical spine showed mild bilateral C5-C6, C6-C7, and C7-T1 bony foraminal narrowing. She was switched from Pantoprazole to Omeprazole because the Pantoprazole was not as effective as before for her acid reflux. Prilosec did not help as well. In 9/2013, she had an upper gastrointestinal study showing small hiatal hernia with mild to moderate acid reflux. An endoscopy showed mild gastritis. Cessation of anti-inflammatories was recommended.

Probiotics and L-glutamine helped as well as Dexilant. The current review is for the use of Norco, Prilosec, and Imitrex.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #30 DOS: 7/10/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** As per the chart, the patient was using Norco as needed for her headaches. After the botox injections, she did not require any Norco. Opiates are not indicated for headaches due to the risk of medication overuse headaches. There was no clear monitoring of drug use with documented urine drug screens. There were no documented goals or drug plan. Functional improvement with the use of Norco was not documented. Because of these reasons, the request for Norco is not medically necessary.

**Prilosec 20mg #60 DOS: 7/10/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatories Medications and gastrointestinal symptoms Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <PPI> <NSAIDS, GI prophylaxis>

**Decision rationale:** Patient was on NSAIDs for pain control. However, after her EGD showed antral gastritis and a hiatal hernia, she stopped all NSAIDs and was on a strict GERD diet. She was also taking probiotics and L-glutamine which improved symptoms. Patient was on Pantoprazole, Omeprazole, and then Dexilant and was supposed to reduce dosing to every other day after a one month trial. The use of prophylactic PPI's is not required since she no longer taking NSAIDs. Long term PPI use carries many risks and should be avoided. Therefore, this request is not medically necessary.

**Imitrex 100mg #30 DOS: 7/10/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Pain

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

**Decision rationale:** The patient suffers from headaches from cervical dystonia, not migraines. Imitrex is FDA approved for the treatment of migraines, which the patient does not suffer from. She has used Topamax, which is used to prophylactically treat migraines, but did not experience any relief. Trigger point injections and botox injections did provide relief indicating a relationship between her headaches and cervical dytonia. Imitrex will unlikely provide relief and is not medically necessary.