

Case Number:	CM14-0157571		
Date Assigned:	09/30/2014	Date of Injury:	01/25/2007
Decision Date:	11/17/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/25/2014

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 Pain Management 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 38-year-old right-hand dominant male with a date of injury on January 25, 2007. Per January 31, 2014 records, the injured worker made a followup visit and noted increase in overall neck, arm, back and leg pain as well as constant headache. He reported that since he was not getting all of his medications he took more of the other medications he did have. He also noted poor sleep. He also stated that he had significant increase in pain due to medications not being renewed and reported that he was able to function better with medications as well as being able to work. He reported that his headache was from the back of the head. He rated his pain as 9/10. On examination, he reported ongoing neck pain with ongoing severe headaches from cervicogenic cause. Crepitus on range of motion was noted. He was able to reproduce left arm pain to hand on neck rotation/extension. The magnetic resonance imaging scan of the cervical spine dated 1/31/2012 noted moderate left neural foraminal stenosis and mild central canal stenosis is seen at C7-T1 secondary to a 5-mm left paracentral broad-based disc herniation. Minimal to mild central canal stenosis and moderate left neural foraminal stenosis is seen at C6-7 secondary to a 4.5-mm left paracentral broad-based disc protrusion. Minimal to mild central canal stenosis and mild bilateral neural foraminal stenosis is seen at C5-6 secondary to a 3.5-mm broad-based disc protrusion. Mild central canal stenosis was seen at C4-5 secondary to a 4.0-mm left paracentral broad-based disc protrusion. Magnetic resonance imaging scan of the lumbar spine dated 1/13/2012 documents no interval change in annular tear/fissure of the disc at L5-S11 with a stable 4.0-mm broad-based disc protrusion resulting in minimal to mild bilateral lateral recess stenosis. No associated central canal or neural foraminal stenosis is seen. Records dated April 30, 2014 documents that the injured worker underwent a urological agreed medical evaluation. He is diagnosed with (a) erectile dysfunction, (b) hypogonadism secondary to chronic opioid use, and (c) cervical and lumbar disc disease. Per the agreed medical evaluator

supplemental report dated May 18, 2014, the documents of the total testosterone level of the injured worker was 212 ng/dL, which was markedly low, suggesting hypogonadism. June 10, 2014 records indicate that he underwent a urine drug screen. Records dated July 8, 2014 documents that the injured worker complained of severely increased pain level. He complained of pain in the neck, arm, low back and legs. He also noted headaches daily. He stated that his neck pain was the worse and that his pain was constant. Numbness and tingling sensation was noted at the base of the neck down the arms into the hands. He reported that he has dropped items due to numbness. Weakness was noted in his leg. He rated his pain as 10/10. On examination, numbness was noted to the ulnar aspect of his left arm/hand. Crepitus was on active range of motion was noted. He was able to reproduce left arm pain on neck rotation/extension. Most recent records dated July 23, 2014 documents that the injured worker complained of persistent flare-ups of pain about his neck region rated at 10/10. He also reported that neck pain radiates into his left upper extremity and into his left hand. He also complained of low back pain with pain and numbness radiating into his left buttocks and into his left posterior thigh. He rated his low back pain as 8/10. He stated that his neck and lower back pain and symptoms have been exacerbated with the performance of some of his activities of daily living. Tenderness was noted over the posterior cervical paraspinal and upper trapezius musculature, bilaterally, where muscle spasms and myofascial trigger points were noted. Tenderness was also noted over the lumbosacral paraspinal musculature where muscle spasm and myofascial trigger points were noted. Lumbar spine range of motion was limited in all planes. Increased low back pain was noted on the extremes of flexion and extension. Seated straight leg raising test was positive on the left. He is diagnosed with (a) herniated nucleus pulposus of the cervical spine and (b) herniated nucleus pulposus of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zomig 5mg/spray, 1 spray directed as needed, dispense 12: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Head, Triptans

Decision rationale: Evidence-based guidelines indicate that the triptans are generally recommended for migraine sufferers and oral form of this medication is considered to be effective and well-tolerated. The differences among this drug class in general are relatively small but clinically relevant for individual workers. Guidelines further mention that a poor response to one triptans does not predict a poor response to other agents in that class. In this case, the injured worker is noted to be experiencing persistent headaches; however, there was no mention of a utilization and failure of oral form of this drug class in the records provided. Moreover, records indicate that there is no indication of a significant decrease in pain levels as the injured worker continued to experience severe levels of pain. Based on these reasons, the medical necessity of the requested Zomig 5mg/spray, 1 spray directed as needed dispense 12 is not medically necessary and is therefore non certified.