

Case Number:	CM14-0162327		
Date Assigned:	10/07/2014	Date of Injury:	07/14/2009
Decision Date:	12/03/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/02/2014

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 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 is a 59-year-old female patient who reported an industrial injury on 2/17/2000, over 14 years ago, attributed to the performance of usual and customary job duties. The patient complained of chronic pain to the head, bilateral arms, left leg, neck, bilateral shoulders, bilateral buttocks, thoracic spine, bilateral elbows, bilateral hips, chest wall, bilateral hands, bilateral knees, bilateral low back, bilateral ankles/feet, and groin. There is been no change in the characteristics of the pain. The patient is noted to be status post L4-L5 discectomy and bone graft. The patient also had cervical spine surgical intervention x2. The patient is prescribed Fentanyl patches 50 mcg/hr; Hydrocodone-APAP 10/325 mg; Soma 350 mg; Ativan 1 mg; and Lunesta. The objective findings on examination included tenderness to palpation; diminished range of motion of the lumbar spine and no documented neurological deficits. The diagnoses included postlaminectomy syndrome of the cervical region; cervicgia; headaches; lumbago; degeneration of lumbar or lumbosacral intervertebral disc; lumbosacral spondylosis without myelopathy; displacement of lumbar intervertebral disc without myelopathy; pain in joint involving lower leg; and pelvic region pain. The treatment plan included a prescription for Sumatriptan and 100 mg #9 and DNA testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan 100 mg # 9: 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) Head Chapter, Triptans

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: General disciplinary guidelines for the practice of medicine

Decision rationale: The patient was prescribed Imitrex (Sumatriptan Succinate) 25 mg #9 for migraine headaches that were not demonstrated to be effects of the industrial injury. There is no rationale supported with objective evidence by the requesting physician to support medical necessity for the effects of industrial injury. There was no provided nexus for the diagnosed headaches to the cited mechanism of injury. The use of Imitrex (Sumatriptan Succinate) is for migraine headaches that are vascular headaches. There treatment of migraine headaches with Imitrex (Sumatriptan Succinate) was not supported with objective evidence and not demonstrated to be medically necessary for the treatment of the industrial injury. Migraine headaches are believed to result from dilatation of blood vessels in the brain. Sumatriptan relieves migraines by stimulating serotonin receptors in the brain, which cause the muscles surrounding the blood vessels in the brain to contract and narrow the blood vessels. At the same time, it also reduces transmission of pain signals by nerves to the brain. While it is very effective in relieving migraine headaches, it does not prevent or reduce the number of headaches. The treating physician has prescribed Sumatriptan for Migraine Headaches. There is no evidence that headaches due to the reported cervical spine/neck pathology are vascular headaches, migraine headaches or migraine-like headaches. Migraine headaches are not accepted as part of this industrial injury. The patient; however, there is no provided nexus supported with objective findings to the cited mechanism of injury or the excepted back and lower extremity. There are no objective findings consistent with migraine headaches. Imitrex (Sumatriptan Succinate) belongs to the family of drugs known as a serotonin (or 5HT) agonist agent and commonly used for the treatment or prevention of the symptoms of migraine attacks. Imitrex (Sumatriptan Succinate) is works by stimulating serotonin (5HT) receptors in the brain. Imitrex (Sumatriptan Succinate) is useful for the treatment or relief of symptoms of migraine attacks or headache. A migraine headache is a form of vascular headache. A migraine is a throbbing, intense headache in one-half of the head. It can affect people of all ages. The cause of migraine is not fully understood. Migraine headache is caused by a combination of vasodilatation or enlargement of blood vessels and the release of chemicals from nerve fibers that coil around the blood vessels but migraine is still a condition that is poorly understood. Imitrex (Sumatriptan Succinate) is belongs to the family of drugs known as a serotonin (or 5HT) agonist agent and commonly used for the treatment or prevention of the symptoms of migraine attacks. Imitrex (Sumatriptan Succinate)/Sumatriptan is works by stimulating serotonin (5HT) receptors in the brain. Serotonin is a natural substance in the brain that, among other things, causes blood vessels in the brain to narrow. Imitrex (Sumatriptan Succinate) mimics this action of serotonin by directly stimulating the serotonin receptors in the brain that causes the blood vessels to narrow. The cause of migraine attacks is not fully understood, it is thought that due to the widening of blood vessels in the brain causes the pain linked with migraine attacks. Imitrex (Sumatriptan Succinate) narrows these blood vessels and relieves the pain of migraine headaches. The requesting physician has provided no rationale for the prescription of Imitrex (Sumatriptan Succinate) or provided a nexus

to the cited mechanism of injury. There is no evidence that migraine headaches are part of the industrial injury. There is no provided rationale to support medical necessity for the prescribed Sumatriptan for the effects of the industrial injury. There is no demonstrated medical necessity for the use of Imitrex for the effects of the industrial injury and there is no rationale supported with objective evidence by the treating physician to demonstrate medical necessity. There is no demonstrated functional improvement and no establish reduction in pain levels. There is no demonstrated medical necessity for the prescribed Sumatriptan 25 mg #9.

DNA Testing: 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) Pain Chapter, Genetic testing for potential Opioid use

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-02. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter-screening for risk of addiction

Decision rationale: The treating physician has requested a genetic testing/DNA Testing for narcotic risk for patient with surgical intervention to the lumbar spine and reported chronic lower back pain. The CA MTUS does not recommend the prescription of opioids for chronic low back pain. There was no rationale provided to support the medical necessity of the prescribed genetic opioid risk testing or the genetic metabolism testing in relation to the ongoing treatment plan for this patient based on the clinical visit for pain management. The patient is prescribed high dose opioids contrary to the recommendations of the evidence-based guidelines. The prescribed medications are not demonstrated to have a recommendation for the obtaining of genetic metabolism testing or genetic Opioid risk testing. There is no demonstrated medical necessity to assess for genetic markers for Opiate addiction/dependency issues. There is no demonstrated medical necessity for genetic testing of metabolism to contribute to the management of chronic pain issues. Patient has been provided opiates for prolonged period time and is currently postoperative. Pain management provided no rationale supported with objective evidence to support the medical necessity of genetic testing to evaluate the patient for narcotic risk or for metabolism issues. The test is ordered as a screening examination with no provided evidence to support medical necessity. There is no demonstrated medical necessity for the requested genetic testing/DNA Testing for narcotic risk metabolism.