

Case Number:	CM14-0180203		
Date Assigned:	11/04/2014	Date of Injury:	01/15/1997
Decision Date:	12/10/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/30/2014

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 55 year old female patient who sustained a work related injury on 1/15/97. She was lifting weights and noted the recurrence of migraine headaches. The current diagnoses include cervicgia, chronic pain syndrome, cervical post laminectomy syndrome and spasm of muscle. Per the doctor's note dated 10/16/14, patient has complaints of neck pain that was relieved with medication and rest. Physical examination of the cervical region revealed tenderness on palpation, no pain on ROM, trigger points, and normal sensory examination. Examination on 4/16/14 revealed satisfactory sensory, motor and deep tendon reflexes examination; she was able to touch her chin to her chest and has full extension and rotation of her neck. The current medication lists include Norco, Maxalt, Methadone, Lidoderm Patch, Promethazine, Atorvastatin and Duexis. The patient has had X-ray of the cervical spine on 8/13/14 that revealed stable implantation, disc replacements, C4-5, C5-6 and C6-7. The patient's surgical history includes cervical fusion at C5-7 in 1998. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg QTY: 120,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 76-80.

Decision rationale: Hydrocodone is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioids means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Hydrocodone 10/325mg QTY: 120, is not established for this patient. Therefore, this request is not medically necessary.

Maxalt 5mg QTY: 15 with 6 refills,: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Head (updated 08/11/14); Triptans and Other Medical Treatment Guideline or Medical Evidence: Thompson Micromedex-FDA Labeled indications; Drug-Rizatriptan Migraine, Acute, with or without Aura

Decision rationale: Maxalt (Rizatriptan) is used to treat migraine headaches in adults, with or without aura. MTUS guideline does not specifically address this issue. Hence ODG and Thompson Micromedex used. Thompson Micromedex-FDA Labeled indications of drug-Rizatriptan include Migraine, acute, with or without aura. Per the doctor's note dated 10/16/14, patient has complaints of neck pain that was relieved with medication and rest. Physical examination of the cervical region revealed no pain on ROM, and normal sensory examination. Examination on 4/16/14 revealed satisfactory sensory, motor and deep tendon reflexes examination; she was able to touch her chin to her chest and has full extension and rotation of

her neck. However, a detailed history and physical examination related to headache was not specified in the records provided. The dose, duration and response to other medications for acute migraine (NSAIDS) are not specified in the records provided. A detailed neurological examination is not specified in the records provided. Any imaging study for headache is not specified in the records provided. The medical necessity of the request for Maxalt 5mg QTY: 15 with 6 refills, is not fully established in this patient. Therefore, this request is not medically necessary.

Prevacid 15mg QTY: 30 with 6 refills,: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: NSAIDs, GI Symptoms & Cardiovascular Risk

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Prevacid contains Lansoprazole which is proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. . . . Patients at high risk for gastrointestinal events. . . . Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- " (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDS is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Prevacid 15mg QTY: 30 with 6 refills, is not fully established in this patient. Therefore, this request is not medically necessary.