MAXIMUS Federal Services

Case Number:	CM14-0181532		
Date Assigned:	11/06/2014	Date of Injury:	02/28/2006
Decision Date:	12/11/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/31/2014

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 & Rehabilitation, has a subspecialty 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 37 year-old male with a date of injury of February 28, 2006. The patient's industrially related diagnoses include post-concussion syndrome, chronic pain syndrome, left shoulder injury status post-surgery x3, nerve damage, frozen shoulder, chronic post-traumatic headaches, variants of migraine, and depression. The disputed issues are Baclofen 10mg #60 with 2 refills, Imitrex oral, Norco 10/325mg #180 with 2 refills, Propranolol ER 60mg #30, and Topamax 25mg #60. A utilization review determination on 10/10/2014 had non-certified these requests. The stated rationale for the denial of Propranolol ER was: "There has not been provided information within the medical record available for review regarding need or purpose in use of Propranolol. There is insufficient information provided by the attending health care provider to associate or establish the medical necessity or rationale for the requested Propranolol." The stated rationale for the denial of Imitrex was: "There has not been presenting information provided within the available medical record that denies the need for the Imitrex of the manner by which this need is related to the patient's injury." The stated rationale for the denial of Topamax was: "There has not been presenting information that failure of the first line anti-epileptic medication occurred." The stated rationale for the denial of Baclofen was: "The patient has been prescribed Baclofen medication without remark on the functional benefit or improved clinical status resulting from the medication." The request for Norco was modified to Norco 10/325mg #80 with no refills because: "The 4 a domains have not been addressed by the provider in the medical record available for review."

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Baclofen 10mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: In regard to the request for Baclofen 10mg, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a second line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. In the submitted documentation available for review, there was no identification of a specific analgesic benefit or objective functional improvement as a result of the Baclofen. In the progress report dated 8/20/2014, the treating physician documented pain relief with all the medications but there was no documentation specific to Baclofen. Although there were positive objective findings of tightness over the left traps/straps, the injured worker was not diagnosed with muscle spasms related to spinal cord injuries. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by the guidelines. The documentation indicates that the injured worker has been prescribed Baclofen regularly for over 6 months. Based on the guidelines, the currently requested Baclofen 10mg #60 with 2 refills is not medically necessary.

1 Prescription for Imitrex oral, strength and quantity unknown: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation Official Disability GuidelinesHarrison's principles of internal medicine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans Other Medical Treatment Guideline or Medical Evidence: International Headache Society Criteria for Migraine http://his-classification.org/en/02_klassifikation/02_teil1/01.01.00_migraine.html

Decision rationale: In regard to the request for Imitrex oral (sumatriptan), California MTUS does not contain criteria regarding the use of triptans medications. ODG states that triptans are recommended for migraine sufferers. The International Headache Society contains criteria for the diagnosis of migraine headaches. In the submitted documentation available for review, there is limited indication that the injured worker has met the criteria for the diagnosis of migraine headaches. In the progress report dated 8/20/2014, the treating physician documented that the injured worker sometimes goes blind with headaches and recommended neurological evaluation for what may be ocular migraines. Furthermore, there was no documentation indicating how often headaches occurred and how the headaches have responded to the use of triptans

medication. The injured worker reported that the Sumavel needless (sumatriptan SQ) helped, but he needed it frequently. Lastly the prescription for Imitrex oral is not valid as there is no strength or quantity indicated. In the absence of clarity regarding these issues, the currently requested Imitrex oral is not medically necessary.

1 Prescription for Norco 10/325mg #180 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

Decision rationale: Norco 10/325mg (hydrocodone/acetaminophen) is an opioid which was recently rescheduled in October 2014 from Schedule III to the more restrictive Schedule II of the Controlled Substances Act. Therefore, it can no longer be refilled. Norco is recommended for moderate to severe pain. In regard to the use of Norco, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines go on to recommend discontinuing opioids if there is no documentation of improvement in function and pain. In the submitted documentation available for review, the treating physician did address the 4 domains for on-going management with opioids. There was documentation of pain reduction with medication, and possible aberrant behavior was addressed with urine toxicology screen on 5/23/2014 and CURES on 7/2014 that was as expected. Furthermore, there is indication of a pain medication agreement. However, there is no objective functional improvement with the use of Norco. In the progress report dated 8/20/2014, the treating physician documented that "the unique combination of medication allows the best function yet from the HA perspective." However, there were no specific examples of functional improvement with the use of Norco. Furthermore, the prescription for Norco 10/325mg with 2 refills is no longer valid, as it is now a schedule II opioid and it cannot be refilled. Based on the lack of documentation, medical necessity for Norco 10/325mg #180 with 2 refills cannot be established at this time. Although it is not medically necessary at this time, since it is an opioid, it should not be abruptly halted and the requesting provider should start a weaning schedule as he or she sees fit. Therefore the utilization review determination should be upheld.

1 Prescription for Propranolol ER 60mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation Harrisons Principles of Internal Medicine

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: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3253148/

Decision rationale: In regard to the request for Propranolol ER, Propranolol is a beta blocker medication which is indicated in the treatment of hypertension. Additionally, it is frequently used in the treatment of headaches as a prophylactic medication. California MTUS and ODG do not contain criteria for the use of beta blockers. Studies have shown that the use of a beta blocker can reduce the frequency, duration, and severity of migraine headaches. In the submitted documentation available for review, the treating physician documented that the injured worker has failed numerous medications for the treatment of headaches. There was documentation in the progress report dated 8/20/2014 that Propranolol helped the Has (headaches) by decreasing the intensity. Additionally, there are subjective complaints of headaches occurring on a consistent basis. Lastly, the injured worker does not seem to suffer from low blood pressure which would be a contraindication for the use of a beta blocker medication. On 8/20/2014, the blood pressure reading was 130/90 and there was no documentation of hypotension in the medial history. As such, the currently requested Propranolol ER 60 mg #30 as a headache prophylactic medication is medically necessary.

1 Prescription for Topamax 25mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-21.

Decision rationale: In regard to the request for Topamax 25mg (Topiramate), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. Guidelines state that Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. It is noted that this medication is FDA approved for migraine prophylaxis. Within the documentation available for review, there is documentation of reduction in headache pain and functional improvement with Topamax. In the progress report dated 8/20/2014, the treating physician documented that Topamax has helped in addition to Propranolol ER for HA prophylaxis and the unique combination of medications allow the best function yet from the HA perspective. Based on the documentation, the currently requested Topamax 25mg #60 is medically necessary.