

<b>Case Number:</b>	CM14-0026755		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/02/1997
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 51 year old male who reported an injury on 09/02/1997. The mechanism of injury was not provided within the documentation. His diagnoses were noted to be lumbar spondylosis without myelopathy, degenerative disc disease, and chronic pain. The injured worker's prior treatments were not provided within the documentation. The injured worker had a clinical evaluation on 01/08/2014. The evaluation indicated that the injured worker had cervical pain, lumbar pain, and left shoulder and lower extremity pain. This clinical evaluation stated that there was no physical examination performed. The assessment/plan recommended increasing the injured worker's ability to self-manage pain, and related problems and for the injured worker to return to productivity at home, socially, and/or at work. There was a discussion about the risks, benefits, and alternatives to current medications including directions to read and understand within the package inserts. Current medications were being refilled including Treximet and Celebrex. The provider's rationale for the request was not provided within the documentation. A Request for Authorization for medical treatment was not provided within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONGOING USE OF TREXIMET, UNKNOWN DOSAGE, FOR THE LUMBAR SPINE:**  
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), Treatment Index, 12th Edition (web), 2014, Head Chapter.

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

**Decision rationale:** The Official Disability Guidelines indicate triptans are recommend for migraine sufferers. Treximet belongs to a drug class called triptans. The ODG indicate that triptans, at marketed doses, are effective and well tolerated. The injured worker's most recent clinical evaluation with this review is dated 01/08/2014. Within the examination, the injured worker indicated pain; however, there was no rate of pain nor was there indication of the efficacy of the pain medications the injured worker has been using. The provider failed to provide an adequate pain assessment and within the request there is a lack of dosage and frequency for Treximet. Therefore, the request for ongoing use of Treximet, unknown dosage, for the lumbar spine is not medically necessary and appropriate.