

Case Number:	CM14-0034334		
Date Assigned:	06/20/2014	Date of Injury:	05/06/2007
Decision Date:	07/30/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/19/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain associated with an industrial injury of May 6, 2007. Thus far, the applicant has been treated with analgesic medications, long and short-acting opioids, and earlier rotator cuff repair surgery. In a clinical progress note dated June 3, 2014, the applicant reported moderate severity low back pain, rated 10/10 without medications and 5/10 with medications. The applicant stated that with medications, she was still struggling, but was able to perform daily home responsibilities. The applicant stated that she was not able to work or volunteer and was unable to perform outside activities despite usage of medications. The applicant stated that she was not able to get dressed, perform minimal activities at home, and contact friends via phone or email without medications. The applicant was anxious and depressed. The applicant was overweight with a BMI of 33. The applicant was given prescriptions for verapamil, Treximet, Desyrel, Senokot, oxycodone, methadone, and Frova. Frova was being used on an as needed basis for headaches. It was stated that the applicant also had issues with bilateral foot arthritis pain. It was stated that the applicant had no risk factors to drug and diversion. It was stated that usage of medications were taking away 50 to 75% of the applicant's pain and allowing her to drive, do errands, and do shopping, in another section of the report. Plain films of the cervical spine of March 26, 2014 were notable for multilevel degenerative changes and spondylolytic changes of uncertain clinical significance. In a progress note dated March 3, 2014, the applicant presented with reportedly worsening neck pain. The applicant was using Wellbutrin, Frova, Lidoderm, methadone, Norco, Senna, Desyrel, Treximet, triamterene-hydrochlorothiazide, verapamil, and Ambien. The applicant did carry migraine headaches as one of her diagnoses. The review of systems was positive for headaches. The applicant was depressed. The applicant reported 10/10 pain with medications and 8/10 pain

without medications on this date. It was stated that the applicant was still struggling with medications and was unable to work or volunteer with the same. The applicant also stated in another section of the report, somewhat incongruously, that the methadone was allowing her to get out of bed, function, drive, and do household chores. The attending provider himself reported that he was not sure to what degree the opioids were helpful. The attending provider suggested tapering the applicant off of the medications in question. The attending provider also ordered MRI imaging and plain film imaging of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

The prospective request for 1 MRI of the cervical spine without dye: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: As noted in the ACOEM guidelines, MRI or CT imaging are recommended to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, the applicant has chronic, long-standing cervical spine pain superimposed on issues with shoulder pain. There were no indications that the applicant was considering cervical spine surgery on or around the date of the request or on or around the date of the Utilization Review Report. There was no evidence that the applicant had issues such as progressively worsening neurologic compromise which would compel cervical MRI imaging. Therefore, the request is not medically necessary.

The prospective request for 1 prescription of Norco 10/325 mg. # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant was only reporting marginal reduction in pain levels from 10/10 to 8/10 on or around the date of the Utilization Review Report. The attending provider himself wrote that he did not believe the medications in question were helpful. Ultimately, the attending provider switched the applicant off of methadone and Norco to OxyContin and oxycodone, again implying that the medications in question were not efficacious on and around the date of the request. The applicant's marginal reduction in pain scores from 10/10 to 8/10 did compel

ongoing usage of Norco on or around the date in question. The applicant had also failed to return to work. Therefore, the request is not medically necessary.

The prospective request for 1 prescription of Methadone HCL 10 mg. # 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioids include evidence of successful return to work, improved function, and/or reduced pain achieved as a result of the same. In this case, however, the applicant was only reporting minimal reduction in pain levels from 10/10 to 8/10 with methadone. The attending provider's reporting of the applicant's ability to perform activities of daily living was somewhat incongruous. Some section of the note suggested that the applicant's ability to perform activities of daily living was diminished, while another section of the report stated that the applicant's ability to perform activities of daily living was heightened. The applicant had, moreover, seemingly failed to return to work. Ultimately, the attending provider himself calls into question the efficacy of the opioid in question and rotated the applicant off of methadone and Norco to oxycodone and OxyContin. For all of the stated reasons, then, the request for methadone is not medically necessary.

The prospective request for 1 prescription of Frova 2.5 mg # 27 with 4 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Silberstein SD, Holland S, Freitag F, Dodick DW, Argoff C, Ashman E. Evidence-based guideline update: pharmacologic treatment for episodic migraine prevention in adults: report of the Quality Standards Subcommittee of the American Academy of Neurology and the American Headache Society. *Neurology*, 2012 Apr 24;78 (17): 1337-45.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Frova Medication Guide.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines does not address the topic. As noted by the Food and Drug Administration (FDA), Frova (frovatriptan) is indicated in the treatment of acute migraine headaches with or without aura in adults. In this case, the attending provider has posited that the applicant has intermittent bouts and flares of migraine headaches. Usage of Frova to combat the same is indicated, appropriate, and supported by the FDA. Therefore, the request is medically necessary.