

Case Number:	CM14-0037506		
Date Assigned:	06/25/2014	Date of Injury:	11/05/2008
Decision Date:	09/11/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/28/2014

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 low back pain, neck pain, headaches, and bilateral upper extremity pain reportedly associated with an industrial injury of November 5, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; earlier right and left knee arthroscopy; a right third digit trigger finger release surgery; a right wrist de Quervain release surgery; a right carpal tunnel release surgery; viscosupplementation injections to the knees; and transfer of care to and from various providers in various specialties. In a utilization review report dated March 4, 2014, the claims administrator approved a request a Lyrica, denied a request for injectable Imitrex, and partially certified Percocet for weaning purposes. On March 13, 2013, the applicant presented with persistent complaints of multifocal shoulder and bilateral knee pain. The applicant was given diagnoses of shoulder impingement syndrome and bilateral knee arthritis. The applicant was placed off of work, on total temporary disability. In a December 17, 2013 progress note, the applicant was again placed off work, on total temporary disability. In a September 4, 2013 progress note, the applicant was described as a former entertainment technician. The applicant apparently developed RSD type symptoms about the hands and legs, it was stated. The applicant was using Percocet for pain relief, but stated that this medication did not provide much in the way of the pain relief. The applicant did state, however, that ongoing usage of Topamax and Lyrica had ameliorated her neuropathic pain complaints as well as her headaches. The applicant also stated that her migraines headaches were ameliorated through as needed usage of injectable Imitrex. On January 17, 2014, the applicant was described as having persistent complaints of knee and shoulder pain status post corticosteroid injection therapy. The applicant was given a right shoulder corticosteroid injection and placed off of work, on total temporary disability. There was no mention of medication efficacy on this occasion. On

December 17, 2013, the applicant was again placed off of work, on total temporary disability, again with no discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex Injection 6mg #5 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/imitrex.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Imitrex Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Imitrex usage, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider has specifically singled out Imitrex as being helpful in ameliorating the applicant's issues with breakthrough migraine headaches. As further noted by the Food and Drug Administration (FDA), Imitrex tablets are indicated in the acute treatment of migraines headaches, with or without aura. Continuing the same, on balance, is indicated, given the applicant's reportedly favorable response to intermittent injections of Imitrex if and when migraines headaches arise. Therefore, the request is medically necessary.

Percocet 10/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 a result of the same. In this case, however, the applicant is off of work, on total temporary disability. In contrast to Imitrex, Topamax, and Lyrica, medications which the attending provider has singled out as being particularly helpful here, the attending provider has not stated or suggested that ongoing usage of Percocet has been helpful or outlined any specific improvements in pain or function achieved through ongoing usage of Percocet. Therefore, the request is not medically necessary.