

Case Number:	CM14-0038195		
Date Assigned:	06/25/2014	Date of Injury:	02/23/1999
Decision Date:	07/29/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/01/2014

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 Internal 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 patient is a 49 year old male who was injured on 2/23/1999. He carries a diagnosis of hypertension, hyperlipidemia, migraine headache, and chronic pain syndrome. Treatment has included topamax, sumatriptan and treximet for his migraine HA. He has also received celebrex, cymbalta, neurontin, norco and tramadol for his chronic pain. In a note by [REDACTED] on 3/18/13, the patient states his migraines and pain are "so-so". He complains of increased neck and shoulder pain after lifting his grandmother. On exam, there is tenderness to palpation of the left, greater than right, sternocleidomastoid. There is tenderness of the lateral scapula and point tenderness over the muscle spasm. Patient is reported as being neurologically intact. In a follow up note on 6/21/13, patient complains of numbness in both legs, and states he gets up to walk it off but it is painful. He is noted to have weak pulses in his lower extremities. An Ultrasound Doppler obtained was negative for vascular disease. His neurologic exam was documented as being normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Gabapentin DOS: 3/1/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As per CA MTUS guidelines, the use of Gabapentin is recommended for neuropathic pain. The patient does not have any documented history of neuropathic pain. All of his notes indicate he is neurologically intact. He is already being treated with Cymbalta, norco, tramadol and Celebrex for his chronic pain syndrome and there is no reported intolerance to these medications. Thus, the request for gabapentin is not medically necessary.

Retrospective Treximet DOS: 3/1/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.rxlist.com/treximet-drug/indications-dosage.htm>.

Decision rationale: Treximet is a medication that contains naproxen (an NSAID) and sumatriptan (a Triptan). It can be used as an option for the treatment of acute migraine headache. Per the records, the patient has a diagnosis of migraine HA and is already receiving sumatriptan. Since the patient is already prescribed sumatriptan, using the essentially same agent concomitantly could potentially lead to toxicity and overdose. There is nothing in the records that suggest the patient is not tolerating sumatriptan alone, or that the medication is not effective for his migraine HA. Thus, the request for Treximet is not medically necessary.