

<b>Case Number:</b>	CM14-0038308		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/23/1999
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 50-year-old who was reportedly injured on February 23, 1999. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 17, 2014, indicates that there are ongoing complaints of an upper respiratory infection. The physical examination demonstrated a 5'8, 170 pound individual who is normotensive. There were no specific lumbar findings noted; however trigger point injections were completed. Diagnostic imaging studies were not presented for review. Previous treatment includes injection therapy, multiple medications and conservative measures. A request was made for multiple medications and was not certified in the pre-authorization process on March 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Treximet, provided on July 12, 2013: 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) updated June, 2014.

**Decision rationale:** As outlined in the Official Disability Guidelines, this medication is used to address migraine headaches. However, there is a reported failure with certain triptans to be efficacious were others are not. There are no recent progress notes indicating the efficacy or utility of this medication. Based the limited clinical ration presented for review there is no medical necessity established for this product. Therefore, the request for Treximet, provided on July 12, 2013, is not medically necessary or appropriate.

**Hydrocodone/Acetaminophen provided on July 10, 2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78 OF 127.

**Decision rationale:** Short-acting opioid Heniford immediate release to address the breakthrough pain. There is no clinical indication for chronic indefinite use. Furthermore, the progress notes presented for review do not offer any indication that there is any efficacy or utility with the continued use of this medication. There is no functional improvement, return to work in a prower by which this is be considered medically necessary. Therefore, the request for Hydrocodone/Acetaminophen provided on July 10, 2014 is not medically necessary or appropriate.

**Tramadol HCL provided on July 2, 2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 82, 113 OF 127.

**Decision rationale:** As outlined in the California Medical Tyreatment Utilization Schedule, this is a centrally acting synthetic opioid analgesic not recommended as a first-line treatment. It has been suggested as a 2nd line treatment however, there is nothing in the progress note indicating that this medication is achieving its intended goals. There is no improved functionality, any noted efficacy, pain control relief or ability return to work. Because of complete lack of clinical response the medical necessity has not been established. Therefore, the request for Tramadol HCL provided on July 2, 2013 is not medically necessary or appropriate.

**Cymbalta provided on July 2, 2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 122 OF 127.

**Decision rationale:** Cymbalta is a selective serotonin and norepinephrine reuptake inhibitor. It is recommended as a first-line treatment for diabetic neuropathy. An off label use has been for various pain syndromes. However, there is a Federal Emergency Management Agency progress notes indicating that this medication has achieved any of its desired effect. Therefore, based on a clinical information presented for review there is no medical necessity for the ongoing uses medication established. Therefore, the request for Cymbalta provided on July 2, 2013 is not medically necessary or appropriate.

**Celebrex provided on July 1, 2013:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 30 OF 126.

**Decision rationale:** This is a Cox 2 inhibitor type non-steroidal medication. This is considered if the patient is at risk for gastrointestinal complications but as outlined in the California Medical Tyreatment Utilization Schedule not the majority of locations. There are no reported gastrointestinal symptoms, findings on the physical examination oriented complaints against the need for this type of medication. As such, the request for Celebrex provided on July 1, 2013 is not medically necessary or appropriate.

**Skelaxin provided on July 1, 2013:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants (for pain) Page(s): 63-66 OF 127.

**Decision rationale:** It is noted that there were some trigger points noted on the most recent physical examination and this was addressed with a trigger point injection. However, there is no data presented to suggest that this muscle relaxant medication has had any noted efficacy or utility in terms of reducing symptomology. There simply is no clinical information presented to support the medical necessity of medication. Therefore, the request for Skelaxin provided on July 1, 2013 is not medically necessary or appropriate.