

Case Number:	CM14-0039253		
Date Assigned:	08/01/2014	Date of Injury:	02/23/1999
Decision Date:	09/03/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/03/2014

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 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 injured worker is a 50-year-old male who reported an injury on 02/23/1999. The mechanism of injury was not stated. The current diagnoses include hypercholesterolemia, chronic pain syndrome, and migraine. The only physician progress report submitted for this review is documented on 09/27/2013. The injured worker presented with complaints of trigger pain in the left upper back and migraines. The current medication regimen includes Topamax, sumatriptan, Treximet, Skelaxin, Cymbalta, tizanidine, Lunesta, gabapentin, Norco, Celebrex, and Tramadol. The physical examination revealed tenderness to palpation over the left scapula with visible spasm at the left lateral latissimus dorsi. Treatment recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan Succinate DOS 9/25/13: 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) Head Chapter, Triptans.

Decision rationale: The Official Disability Guidelines state triptans are recommended for migraine sufferers. The injured worker does maintain a diagnosis of migraines. However, the injured worker has utilized this medication for an unknown duration. There is no documentation of objective functional improvement. There is also no strength, frequency or quantity listed in the current request. As such, the request is not medically necessary.

Gabapentin DOS 9/25/13: 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 Page(s): 16-19.

Decision rationale: The California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. There was no documentation of neuropathic pain upon physical examination. There was also no strength, frequency or quantity listed in the current request. As such, the request is not medically necessary.

Celebrex DOS 9/25/13: 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 Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state Celebrex is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The injured worker does not maintain any of the above mentioned diagnoses. There is also no strength, frequency or quantity listed in the current request. As such, the request is not medically necessary.

Lunesta DOS 9/25/13: 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) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines state insomnia treatment is recommended based on etiology. The injured worker does not maintain a diagnosis of insomnia. There is also no strength, frequency, or quantity listed in the request. As such, the request is not medically necessary.

Skelaxin DOS 9/25/13: 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 Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. The injured worker has utilized this medication for an unknown duration. Despite the ongoing use of this medication, the injured worker continues to demonstrate palpable muscle spasm. There is also no strength, frequency or quantity listed in the current request. As such, the request is not medically necessary.

Treximet DOS 9/25/13: 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 Page(s): 67-72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans.

Decision rationale: Official Disability Guidelines state triptans are recommended for migraine sufferers. The injured worker does maintain a diagnosis of migraines. However, the injured worker has utilized this medication for an unknown duration. There is no documentation of objective functional improvement. There is also no strength, frequency or quantity listed in the current request. As such, the request is not medically necessary.

Cymbalta DOS 9/25/13: 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 Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state antidepressants are recommended for neuropathic pain, and as a possibility for non-neuropathic pain. Cymbalta has been FDA approved for anxiety, depression, diabetic neuropathy, fibromyalgia, neuropathic pain and radiculopathy. The injured worker does not maintain any of the above mentioned diagnoses. There is also no strength, frequency or quantity listed in the request. As such, the request is not medically necessary.