

Case Number:	CM14-0039259		
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 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, Neurontin, Norco, Celebrex, and Tramadol. The current request is for the prescription medications dispensed on 01/03/2014, 12/23/2013, 12/20/2013, and 12/16/2013. However, there was no physician progress reports submitted on the requesting dates. Physical examination on 09/27/2013 revealed tenderness to palpation over the left scapula with visible spasm at the left lateral latissimus dorsi. Treatment recommendations at that time 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:

Treximet 85/500mg DOS 1/3/14: 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 67-72 Page(s): 67-72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans.

Decision rationale: California MTUS Guidelines state, "NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain." 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 without any evidence of objective functional improvement. There is also no documentation of frequency or quantity listed in the current request. As such, the request is considered not medically necessary.

Duloxetine HCL 60mg DOS 1/3/14: 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 13-16 Page(s): 13-16.

Decision rationale: California MTUS Guidelines state, "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 frequency or quantity listed in the current request. As such, the request is considered not medically necessary.

Skelaxin 800mg DOS 1/3/14: 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 63-66 Page(s): 63-66.

Decision rationale: 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 without any evidence of objective functional improvement. There is also no frequency or quantity listed in the request. As such, the request is not medically necessary.

Gabapentin 300mg DOS 1/3/14: 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 16-19 Page(s): 16-19.

Decision rationale: California MTUS Guidelines state, "Antiepilepsy drugs are recommended for neuropathic pain." There is no documentation of neuropathic pain, and there is no documentation of frequency or quantity listed in the request. As such, the request is considered not medically necessary.

Sumatriptan Succinate DOS 12/23/13: 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: Official Disability Guidelines state, "Triptans are recommended for migraine sufferers." The injured worker has utilized this medication for an unknown duration without any evidence of objective functional improvement. There is also no strength, frequency or quantity listed in the request. As such, the request is considered not medically necessary.

Treximet DOS 12/20/13: 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 67-72 Page(s): 67-72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans.

Decision rationale: California MTUS Guidelines NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Official Disability Guidelines state, "Triptans are recommended for migraine sufferers." The injured worker maintains a current diagnosis of migraines. However, the injured worker has utilized this medication for an unknown duration without any evidence of objective functional improvement. There is also no frequency or quantity listed in the current request. As such, the request is considered not medically necessary.

Tizanidine HCL DOS 12/16/13: 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 63-66 Page(s): 63-66.

Decision rationale: 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 without any evidence of objective functional improvement. There is also no frequency or quantity listed in the request. As such, the request is considered not medically necessary.