

Case Number:	CM14-0043488		
Date Assigned:	07/02/2014	Date of Injury:	06/12/2007
Decision Date:	08/22/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/10/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 47-year-old male with a 6/12/07 date of injury. At the time (3/25/14) of the decision for Rizatriptan Benzoate(Maxalt po (by mouth)), Omeprazole Magnesium (Prilosec OTC po), and Diphenhydramine (Benadryl) 25mg, there is documentation of subjective (follow up for left shoulder, neck and low back pain, and depression) and objective (tenderness over the paraspinal muscles) findings, current diagnoses (shoulder pain), and treatment to date (medications (including Ibuprofen, Promethazine, Propranolol, Carisoprodol, Norco, Rizatriptan Benzoate, Prilosec, and Benadryl)). Regarding Rizatriptan Benzoate(Maxalt po (by mouth)), there is no documentation of migraine; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Maxalt use to date. Regarding Omeprazole Magnesium (Prilosec OTC po), there is no documentation of risk for gastrointestinal events. Regarding Diphenhydramine (Benadryl) 25mg, there is no documentation of insomnia and the intended duration of therapy with Benadryl; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Diphenhydramine (Benadryl) use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rizatriptan Benzoate(Maxalt po (by mouth)): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/maxalt.html>.

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guideline identified documentation of migraine as criteria necessary to support the medical necessity of Maxalt. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of shoulder pain. In addition, there is documentation of ongoing treatment with Maxalt. However, there is no documentation of migraine. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Maxalt use to date. Therefore, based on guidelines and a review of the evidence, the request for Rizatriptan Benzoate(Maxalt po (by mouth)) is not medically necessary.

Omeprazole Magnesium (Prilosec OTC po): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), GI (Gastrointestinal) symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Protonix is being used as a second-line (for Protonix only), as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, there is documentation of a diagnosis of shoulder pain. In addition, there is documentation of ongoing treatment with Omeprazole Magnesium, Ibuprofen, and Norco. However, there is no documentation of risk for gastrointestinal events. Therefore, based on

guidelines and a review of the evidence, the request for Omeprazole Magnesium (Prilosec OTC po) is not medically necessary.

Diphenhydramine (Benadryl) 25mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Diphenhydramine (Benadryl).

Decision rationale: MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG states sedating antihistamines are not recommended for long-term insomnia treatment. Within the medical information available for review, there is documentation of a diagnosis of shoulder pain. In addition, there is documentation of ongoing treatment with Benadryl. However, there is no documentation of insomnia and the intended duration of therapy with Benadryl. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Diphenhydramine (Benadryl) use to date. Therefore, based on guidelines and a review of the evidence, the request for Diphenhydramine (Benadryl) 25mg is not medically necessary.