

<b>Case Number:</b>	CM14-0066104		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/03/2002
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 3, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; and earlier shoulder surgery. In a Utilization Review Report dated April 29, 2014, the claims administrator denied a request for Imitrex, denied a request for Neurontin, partially certified request for Norco, approved a request for Prozac, and approved a request for Ambien. The applicant's attorney subsequently appealed. In a January 10, 2013 medical-legal evaluation, it was acknowledged that the applicant was not working at that point in time. In an April 9, 2014 progress note, the applicant reported highly variable 2-9/10 pain. The attending provider posited that Imitrex is being employed for intermittent migraine headaches with associated nausea and vomiting. The attending provider posited that ongoing usage of Norco and Zanaflex was ameliorating the applicant's myofascial pain allowing the applicant to perform self-care, personal hygiene, and laundering. The applicant stated that Prozac helped stabilized her mood. The applicant was continuing to struggle with sleep, it was stated. The applicant's motivation was improving, it was acknowledged. Multiple medications were refilled. The applicant was given work restrictions which her employer was apparently unable to accommodate. Said work restrictions were unchanged when compared against a prior report dated March 13, 2014. On the March 13, 2014 note, the attending provider again posited that the applicant was functional on her medications despite her failure to return to work. The attending provider stated that the applicant was trying to perform daily exercises despite issues with chronic pain and depression.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Imitrex:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Imitrex Label - FDA Home Page - Food and Drug ...[www.accessdata.fda.gov/drugsatfda.../labe...](http://www.accessdata.fda.gov/drugsatfda.../labe...)

**Decision rationale:** The MTUS does not address the topic. However, as noted by the Food and Drug Administration (FDA), Imitrex is indicated in the treatment of migraine attacks with and without aura. In this case, the attending provider has posited that the applicant is using Imitrex on an as-needed basis for breakthrough migraine headaches and that ongoing usage of Imitrex has been effective in attenuating outbreaks of migraines if and when they arise. Therefore, the request is medically necessary.

**Neurontin:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section Page(s): 19.

**Decision rationale:** As noted on page 90 of the MTUS Chronic Pain Guidelines, applicants on Gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function with the same. In this case, the attending provider has posited that ongoing usage of medications, including ongoing Gabapentin/Neurontin usage, has ameliorated the applicant's ability to perform activities of daily living and has attenuated her symptoms of lower extremity neuropathic pain, to some degree. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

**Norco:** Overturned

**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 Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work,

improved functioning, and reduced pain achieved as a result of the same. In this case, while the applicant has failed to return to work, the applicant has reported on quantified decrements in pain with ongoing medication usage, including ongoing Norco usage. The applicant has stated that ongoing usage of Norco has facilitated various and sundry activities of daily living, including home exercises, cooking, laundering, etc. Continuing the same, on balance, is therefore indicated as two of the three criteria set forth on page 80 of the MTUS Chronic Pain Guidelines for continuation of opioid therapy has seemingly been met here. Therefore, the request is medically necessary.