

Case Number:	CM14-0080625		
Date Assigned:	07/18/2014	Date of Injury:	01/26/1999
Decision Date:	09/08/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/02/2014

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 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 low back pain reportedly associated with an industrial injury of January 26, 1999. The applicant has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; epidural steroid injection therapy; earlier microdiscectomy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 23, 2014, the claims administrator approved a request for a magnetic resonance imaging (MRI), denied request for butalbital, approved a request for Cymbalta, approved a request for fentanyl, approved a request for Oxycodone, denied a request for sumatriptan, denied a request for Tizanidine, and denied a request for Effexor. The applicant's attorney subsequently appealed. In a January 20, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was using Oxycodone for the same. 5/10 pain with medications and 8/10 pain without medications was reported. The applicant reported ability to perform self-care, interact with family members, and sleep had been ameliorated as a result of ongoing medication usage. The applicant was using butalbital, Cymbalta, Duragesic, Oxycodone, Tizanidine, and Effexor, it was stated. The applicant had numerous interventional procedures, including several epidural injections, and sacroiliac joint injection. The applicant was obese, with the BMI of 35. The applicant was given refills of several medications. One of the stated diagnoses was depression. The applicant did apparently exhibit a normal mood and affect and fluent speech, however, it was suggested. On May 14, 2014, the attending provider again stated the applicant, on this occasion, reported issues of depression, knee pain, and migraines. The applicant was having heightened symptoms of depression, it was stated, owing to issues at home with her husband and son, both of whom she is apparently supporting. The applicant expressed some concern that she might be unable to continue working owing to heightened pain complaints. 7/10 pain with

medications and 10/10 pain without medications was noted. A variety of medications were endorsed, along with a repeat MRI. On March 21, 2014, the applicant was described as having complex depression, apparently requiring usage of various psychotropic medications. The attending provider stated, albeit incompletely, that the applicant was using Imitrex on an as-needed basis for migraine headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butalbital/Aspirin/Caffeine compound 50/325/40mg: 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 Barbiturate Containing Analgesics Page(s): 23.

Decision rationale: The request for Butalbital, a barbiturate containing analgesic, is not medically necessary, medically appropriate, or indicated here. As noted on page 23 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, barbiturate containing analgesics such as Butalbital are not recommended in the treatment of chronic pain. In this case, no applicant-specific rationale or medical evidence was furnished so as to offset the unfavorable California (MTUS) position on the same. Therefore, the request is not medically necessary.

Sumatriptan 20mg: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: Imitrex Label - FDA Home Page - Food and Drug Administration. www.accessdata.fda.gov/drugsatfda/labeling/2012/201201/20120101/20120101.pdf .1 PRESCRIBING INFORMATION .2 IMITREX® .3 (sumatriptan succinate) .4 Tablets .173 INDICATIONS AND USAGE .174 IMITREX Tablets are indicated for the acute treatment of migraine attacks with or without .175 aura in adults.

Decision rationale: The request for sumatriptan (Imitrex), conversely, is medically necessary, medically appropriate, and indicated here. The California Medical Treatment Utilization Schedule (MTUS) does not address the topic. As noted by the Food and Drug Administration (FDA), Imitrex tablets are indicated in the treatment of acute migraine headaches, with and without aura. In this case, the attending provider did state in his prescription order that Imitrex was in fact employed on an as-needed basis for flares of migraine headaches, if and when they arose. Therefore, the request is medically necessary.

Tizanidine 4mg: 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 MUSCLE RELAXANTS Page(s): 63.

Decision rationale: The request for Tizanidine, a muscle relaxant, conversely, is not medically necessary, medically appropriate, or indicated here. As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Tizanidine are recommended with caution as a second-line option for short-term treatment of acute exacerbations in applicants with chronic low back pain. In this case, however, the attending provider has furnished the applicant with a 60-tablet supply of Tizanidine, implying that the applicant was using Tizanidine on a twice daily, scheduled, chronic, and/or long-term use basis. This is not an appropriate usage of Tizanidine, per page 63 of the Chronic Pain Medical Treatment Guidelines, which suggests that it and other muscle relaxants be confined to acute flares of pain. Therefore, the request is not medically necessary.

Venlafaxine 75mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Conversely, the request for Venlafaxine, an antidepressant medication, is medically necessary, medically appropriate, and indicated here. As noted in the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines in Chapter 15, page 402, antidepressants such as Effexor often take "weeks" to exert their maximal effect and are useful alleviating symptoms of depression. In this case, the applicant is having issues with depression, superimposed on financial, familial, and chronic pain issues. The attending provider has posited that the combination of Venlafaxine and Cymbalta has been beneficial in stabilizing the applicant's mood. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.