

Case Number:	CM14-0089412		
Date Assigned:	07/25/2014	Date of Injury:	08/31/2012
Decision Date:	09/24/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/13/2014

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 Internal 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 patient is a 57 year old male who was injured on 08/31/2012. The mechanism of injury is unknown. Prior medication history included Percocet, Ibuprofen, Omeprazole, Ambien, Neurontin, and Imitrex. Progress report dated 07/10/2014 states the patient presented with complaints of ongoing neck pain, headaches, and left shoulder pain. He rated his pain as 8/10 without medication and 5/10 with medication. He reported he is able to perform his activities of daily living with his medications. On exam, he has tenderness throughout the shoulder and cervical paraspinal muscles. He is diagnosed with chronic left shoulder pain, neck; and chronic bilateral upper extremity symptoms. The patient was recommended to continue with his medications including Percoet 10/325 mg, Motrin 800 #60; Omeprazole 20 #30; Ambien 10 mg #30. Prior utilization review dated 06/04/2014 states the request for Retro Imitrex 50 mg tablets # 18 a month; and Retro Neurontin 400mg three times a day #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Imitrex 50 mg tablets # 18 a month.: 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 (updated 5/28/2014), Triptans.

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

Decision rationale: CA MTUS guideline is silent regarding this request. The guidelines state triptans are recommended as an option for migraine sufferers. They have been shown to be effective and well tolerated. The documents state the patient suffers from migraines and has good relief from Imitrex. The documents state the patient does not have significant adverse effects and that the patient has improved ADLs. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

Retro Neurontin 400mg three times a day #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Gabapentin/Neurontin.

Decision rationale: The guidelines recommend Gabapentin as a trial for patients with spinal cord disease and chronic neuropathic pain. The notes document the patient has chronic neuropathy and has been on gabapentin. The notes document the patient has had relief with the use of gabapentin. The patient has had significant improvement in his ADLs without experiencing any side effects from his medications. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.