MAXIMUS Federal Services

Case Number:	CM13-0023804		
Date Assigned:	07/02/2014	Date of Injury:	12/02/2002
Decision Date:	04/21/2015	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/13/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on December 2, 2002. She reported pain in the shoulders going into her upper extremities, with headaches, depression, and severe anxiety attacks following her accident. The injured worker was diagnosed as having depression, multiple level degenerative disc disease and discogenic disease, spondylosis at C3-C7, headaches, left elbow neuropathic status post neurolysis with anterior transposition, and severe distress because of increasing physical disability. Treatment to date has included cognitive therapy and medication. Currently, the injured worker complains of headache after dentist visit, and depression. The Primary Treating Physician's report dated August 23, 2013, noted the injured worker attempting to try to stay off of narcotics and alcohol with a history of hospitalization for detoxification in the past. The treatment plan included Nortriptyline, Naproxen, and Maxalt DAW with pain management, neurologist, and psychotherapy services.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 500MG #60 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: The 50-year-old patient complains of pain in shoulders and upper extremities along with depression, anxiety and apprehension, as per QME report dated 01/09/13. The request is for NAPROXEN 500 mg # 60 WITH 2 REFILLS. The RFA for the case is dated 08/23/13, and the patient's date of injury is 12/02/02. The patient is off work, as per progress report dated 08/23/13. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS pg 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the progress reports are handwritten and do not discuss the patient's condition in detail. The prescription for Naproxen is first noted in progress report dated 06/28/13, and the patient has been using the medication consistently at least since then. The treating physician, however, does not provide any documentation that indicates that this medication is providing any pain relief or functional improvement for the patient. Therefore, the current request IS NOT medically necessary.

MAXALT D.A.W. 10MG, # 60 WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DRUG.COM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Head' and topic 'Rizatriptan (Maxalt).

Decision rationale: The 50-year-old patient complains of pain in shoulders and upper extremities along with depression, anxiety and apprehension, as per QME report dated 01/09/13. The request is for MAXALT D.A.W 10 mg, # 60 WITH 1 REFILLS. The RFA for the case is dated 08/23/13, and the patient's date of injury is 12/02/02. The patient is off work, as per progress report dated 08/23/13. ODG guidelines, chapter 'Head' and topic 'Rizatriptan (Maxalt)', recommend the medication for "migraine sufferers." The guidelines also state, "While the Maxalt brand of rizatriptan therapy is more expensive than other triptans, savings can be expected in reduced migraine-related loss of work productivity compared with less effective treatments." In this case, the progress reports are handwritten and do not discuss the patient's condition in detail. A prescription for Maxalt is noted in progress reports dated 06/28/13 and 08/23/13. The treating physician, however, does not document the occurrence of migraine headaches and there is no discussion on the efficacy of this medication. Hence, the request IS NOT medically necessary.