

<b>Case Number:</b>	CM14-0202135		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	06/26/2014
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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:

This is a 47 year old female with a work related injury dated 06/26/2014 after being involved in a motor vehicle accident while working as a [REDACTED]. According to a primary physician's progress report dated 10/15/2014, the injured worker presented with complaints of neck and bilateral shoulder pain, along with headaches which the physician believed was related to her neck pain. Diagnoses included possible disc bulge with right sided C6 radiculopathy to the cervical spine, partial rotator cuff tear to right shoulder, and impingement syndrome with rotator cuff tendinitis to left shoulder. Treatments have consisted of rest, ice and heat application, physical therapy, and medications. Diagnostic testing included MRI of the right shoulder which demonstrated a partial rotator cuff tear and MRI of the left shoulder demonstrated impingement with tendinitis. Work status is noted as temporary total disability. On 11/25/2014, Utilization Review non-certified the request for Consultation with a Pain Management Specialist (cervical, bilateral shoulders), Imitrex 100mg #90, Naflon 400mg #90, Imitrex 100mg #90 (DOS 10/15/2014), and Naflon 400mg #90 (DOS 10/15/2014) citing Official Disability Guidelines and Chronic Pain Medical Treatment Guidelines. The Utilization Review physician stated it is unclear from the submitted documentation the level of the injured worker's pain and any efficacy with medication use regarding the consultation with a pain management specialist. Regarding the Imitrex, there is no clinical diagnosis of migraine headaches or specific symptomology noted that would indicate headaches of a migrainous nature. In regards to the Naflon, there is no indication in the submitted documentation that this has been insufficient in controlling the injured worker's pain and no evidence of efficacy or objective functional benefit with medication use is provided. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with pain management specialist, for the cervical and bilateral shoulders:**  
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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Office Visits.

**Decision rationale:** Pursuant to the Official Disability Guidelines, consultation with pain management specialists for the cervical and bilateral shoulders is not medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return the function of an injured worker, and should be encouraged. The need for an office visit with a healthcare provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the injured worker's working diagnoses are cervical spine, possible disc bulge with right-sided C6 radiculopathy; right shoulder, partial rotator cuff tear; left shoulder, impingement syndrome with rotator cuff tendinitis. Date of injury was June 26, 2014. The injured worker is working full time. The documentation does not state whether the prescribed medicines provide pain relief and to what degree. There is no documentation indicating objective functional improvement to current therapies. Consequently, absent the appropriate clinical documentation with objective functional improvement in response to prescribe medications, consultation with pain management specialists for the cervical and bilateral shoulders is not medically necessary.

**Imitrex 100 mg # 90:** 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)

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, Imitrex 100 mg #90 is not medically necessary. Imitrex is a Triptans drugs recommended for migraine sufferers. For additional details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are cervical spine, possible disc bulge with right-sided C6 radiculopathy; right shoulder, partial rotator cuff tear; left shoulder, impingement syndrome with rotator cuff tendinitis. Date of injury was June 26, 2014. The documentation indicated the injured worker had pain in about the cervical spine, paraspinal muscles and shoulders. There is no documentation of migraine headaches. Headaches were not clinically compatible with migraine headaches. Additionally, there was no diagnosis of migraine headaches. Consequently, absent the

appropriate clinical documentation and clinical indication for Imitrex, Imitrex 100 mg #90 is not medically necessary.

**Nalfon 400 mg # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Nalfon 400 mg #90 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In this case, the injured worker's working diagnoses are cervical spine, possible disc bulge with right-sided C6 radiculopathy; right shoulder, partial rotator cuff tear; left shoulder, impingement syndrome with rotator cuff tendinitis. Date of injury was June 26, 2014. The treating physician prescribed Nalfon for pain and inflammation. There is tenderness in the posterior neck and related muscle groups as well as headache. The injured worker was taking nonsteroidal anti-inflammatory drugs early on after the injury. Additionally, there is no documentation of objective functional improvement. There is no evidence to recommend one drug in this class over another based on efficacy. The documentation indicates Nalfon was prescribed October 15, 2014. However, the worker was taking Motrin early on and subsequent to the date of injury June 26, 2014. The documentation does not contain evidence of objective functional improvement. Consequently, absent the appropriate clinical documentation for the objective functional improvement and the recommendation for nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period, Nalfon 400 mg #90 is not medically necessary.

**Retrospective request for Imitrex 100 mg # 90, DOS 10/15/14:** 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)

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, retrospective Imitrex 100 mg #90 date of service October 15, 2014 is not medically necessary. Imitrex is a Triptans drugs recommended for migraine sufferers. For additional details see the official disability guidelines. In this case, the injured workers working diagnoses are cervical spine, possible disc bulge with right-sided C6 radiculopathy; right shoulder, partial rotator cuff tear; left shoulder, impingement syndrome with rotator cuff tendinitis. Date of injury was June 26, 2014. The documentation indicated the injured worker had pain in about the cervical spine, paraspinal muscles and

shoulders. There is no documentation of migraine headaches. Headaches were not clinically compatible with migraine headaches. Additionally, there was no diagnosis of migraine headaches. Consequently, absent the appropriate clinical documentation and clinical indication for Imitrex, retrospective Imitrex 100 mg #90 date of service October 15, 2014 is not medically necessary.

**Retrospective request for Nalfon 400 mg # 90, DOS 10/15/14: 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 NSAIDs Page(s): 76. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Nalfon 400 mg #90 is not medically necessary data service October 15, 2014. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the injured workers working diagnoses are cervical spine, possible disc bulge with right-sided C6 radiculopathy; right shoulder, partial rotator cuff tear; left shoulder, impingement syndrome with rotator cuff tendinitis. Date of injury was June 26, 2014. The treating physician prescribed Nalfon for pain and inflammation. There is tenderness in the posterior neck and related muscle groups as well as headache. The injured worker was taking nonsteroidal anti-inflammatory drugs early on after the injury. There is no documentation of objective functional improvement. There is no evidence to recommend one drug in this class over another based on efficacy. The documentation indicates Nalfon was prescribed October 15, 2014. However, the worker was taking Motrin early on and subsequent to the date of injury June 26, 2014. The documentation does not contain evidence of objective functional improvement. Consequently, absent the appropriate clinical documentation for the objective functional improvement and the recommendation for nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period, retrospective Nalfon 400 mg #90 is not medically necessary data service October 15, 2014.