

Case Number:	CM14-0080969		
Date Assigned:	08/06/2014	Date of Injury:	01/15/2002
Decision Date:	01/28/2015	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/29/2014

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 patient is a 43-year-old male who has submitted a claim for cervical disc displacement without myelopathy status post fusion, and cervicogenic headaches associated with an industrial injury date of 1/15/2002. Medical records from 2013 to 2014 were reviewed. The patient complained of chronic neck pain and shoulder pain, left greater than right aggravated by overhead activities. He complained of severe left-sided neck pain radiating to the left side of the head and into the jaw. He had shooting pain and numbness of the left arm. Intake of hydrocodone provided him 30% pain relief with improvement in reaching activities. He likewise reported that Topamax relieved his neuropathic pain at the left arm. Zanaflex reduced the severity and frequency of muscle spasm in the neck and shoulders. The patient reported that he only used sumatriptan for severe headaches and reported relief with medication use. His sleep significantly improved from 2 hours per night into 5-6 hours per night with the use of trazodone. Physical examination showed no swelling and no abnormalities in gait. The patient did not exhibit acute distress and anxiety. Treatment to date has included C5-C7 anterior cervical fusion on 10/4/2005, and medications such as sumatriptan, Cymbalta, trazodone, topiramate, Norco, Protonix and tizanidine (since 2013). The utilization review from 5/15/2014 denied the request for sumatriptan succinate (Imitrex) 25mg #9 with 3 refills because the patient was not suffering from migraine headaches; modified the request for Cymbalta 30mg #30 with 3 refills into #30 with no refills because continued prescription requires medication monitoring; denied trazodone 50mg qty 30 refills 3 because it was not recommended for treatment of insomnia; denied topiramate (Topamax) 25mg Qty 60 refills 3 because of no supporting evidence of objective functional benefit with medication use; modified the request for Norco 10/325mg Qty 90 refills 1 into #36 because of no supporting evidence of objective functional benefit and pain relief with

medication use; and denied tizanidine 4mg Qty 60 refills 3 because of no evidence of muscle spasm to warrant such.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan Succinate (Imitrex) 25mg #9 With 3 Refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

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

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. According to ODG, triptans are recommended for migraine sufferers. In this case, the patient complained of severe left-sided neck pain radiating to the left side of the head and into the jaw. Assessment was cervicogenic headache. He was prescribed sumatriptan since 2013. The patient reported that he only uses sumatriptan for severe headaches and noted relief with medication use. The medical necessity for continuing treatment has been established given the positive response from intake of medication. Therefore, the request for sumatriptan succinate (Imitrex) 25mg #9 with 3 refills is medically necessary.

Cymbalta 30mg #30 With 3 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). Pages 43-44 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that duloxetine is recommended as an option in first-line treatment option in neuropathic pain, as well as depression. In this case, the patient complained of chronic neck pain and shoulder pain, left greater than right aggravated by overhead activities. He complained of severe left-sided neck pain radiating to the left side of the head and into the jaw. He had shooting pain and numbness of the left arm. Cymbalta was prescribed since 2013. However, there is no documentation concerning pain relief and functional improvement derived from its use. The medical necessity has not been established due to insufficient information. Therefore, the request for Cymbalta 30 mg #30 with 3 refills is not medically necessary.

Trazodone 50mg Qty 30 Refills 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Section, Trazodone.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines, (ODG) Mental Illness and Stress Section was used instead. It states that trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression, or anxiety. There is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. In this case, the patient was prescribed trazodone since 2013 for insomnia. His sleep significantly improved from 2 hours per night into 5-6 hours per night with medication use. However, review of medical records failed to show evidence of concomitant depression and anxiety. The guideline clearly recommends trazodone only for patients with insomnia and comorbid psychiatric conditions. Guideline criteria are not met. There is likewise no discussion concerning sleep hygiene. Therefore, the request for trazodone 50mg Qty 30 refills 3 is not medically necessary.

Topiramate (Topamax) 25mg Qty 60 refills 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-21.

Decision rationale: Pages 16 to 21 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. Lack of response may be a 'trigger' for switching to a different first-line agent or combination therapy. Outcomes with at least 50% reduction of pain are considered good responses. In this case, the patient was prescribed topiramate since 2013. The patient complained of chronic neck pain and shoulder pain, left greater than right aggravated by overhead activities. He complained of severe left-sided neck pain radiating to the left side of the head and into the jaw. He had shooting pain and numbness of the left arm. He reported that intake of Topamax relieved his neuropathic pain at the left arm. However, objective decrease in pain severity is not documented. Moreover, there is no discussion why 3 refills should be certified at this time. Frequent monitoring of patient's response to current treatment regimen is paramount in managing chronic pain conditions. Therefore, the request for Topiramate (Topamax) 25mg Qty 60 refills 3 is not medically necessary.

Norco 10/325mg Qty 90 Refills 1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient was prescribed Norco since 2013. The patient complained of chronic neck pain and shoulder pain, left greater than right aggravated by overhead activities. He complained of severe left-sided neck pain radiating to the left side of the head and into the jaw. He had shooting pain and numbness of the left arm. Intake of hydrocodone provided him 30% pain relief with improvement in reaching activities. The guideline criteria for continuing opioid management have been met. Therefore, the request for Norco 10/325mg Qty 90 refills 1 is medically necessary.

Tizanidine 4mg Qty 60 Refills 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on tizanidine since 2013. The patient complained of chronic neck pain and shoulder pain, left greater than right aggravated by overhead activities. He complained of severe left-sided neck pain radiating to the left side of the head and into the jaw. He had shooting pain and numbness of the left arm. Zanaflex reduced the severity and frequency of muscle spasm in the neck and shoulders as reported by the patient. However, the most recent physical examination failed to show evidence of muscle spasm to warrant continuing treatment. Long-term use is likewise not recommended. Therefore, the request for tizanidine 4mg Qty 60 refills 3 is not medically necessary.