MAXIMUS Federal Services

Case Number:	CM14-0087694		
Date Assigned:	07/23/2014	Date of Injury:	12/22/2003
Decision Date:	02/25/2015	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/11/2014

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. 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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabn

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 50 year old male with date of injury 12/22/03. The treating physician report dated 05/14/14 indicates that the patient presents with migraines, insomnia, depression/anxiety, and upper back pain (4). The physical examination findings reveal slightly reduced range of motion in the cervical spine. Urine drug screening was consistent with the patient's medications. The patient is permanent and stationary. Prior treatment history includes surgery, marijuana, and medications. MRI findings reveal cervical DDD. The current diagnoses are: 1. Post Concussive Headache Syndrome, with Migraines 2. Pain-Related Insomnia 3. Chronic Cervicalgia 4. Cervical DDD5. Situational Depression/ Anxiety. The utilization review report dated 05/31/14 denied the request for 1 prescription Norco 10/325mg #90 with 2 refills and 1 prescription Zofran 4mg #20 with 1 refill based on guidelines not being met.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription Norco 10/325mg #90 with 2 refills: Upheld

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): 75-91.

Decision rationale: The patient presents with migraines, insomnia, depression/anxiety, and upper back pain. The current request is for 1 prescription Norco 10/325mg #90 with 2 refills. The treating physician states, "The patient notes approximately 40% reduction in his neck pain with the use of Norco." The treating physician also stated that the patient did not have any side effects to Norco. The MTUS guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As, as well as "pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." In this case, the treating physician has documented that the patient has had somewhat deceased pain with the use of Norco and has been on Norco since at least 2013 (79) but did not state if the patient was having any functional improvement, or aberrant behavior. The MTUS guidelines require much more thorough documentation for continued opioid usage. Treatment is not medically necessary and appropriate.

1 prescription Zofran 4mg #20 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain; University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12p. [11 references].

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

Decision rationale: The patient presents with migraines, insomnia, depression/anxiety, and upper back pain. The current request is for 1 prescription Zofran 4mg #20 with 1 refill. The treating physician states, that the patient experiences nausea with his migraines (3). MTUS guidelines do not address Zofran. The ODG guidelines state, "Not recommended for nausea and vomiting secondary to chronic opioid use." Antiemetics are only supported for nausea and vomiting secondary to chemotherapy and radiation treatment. In this case, the treating physician has prescribed a medication that is not supported by the guidelines for migraine nausea. Treatment is not medically necessary and appropriate.