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| <b>Case Number:</b>   | CM15-0008491 |                              |            |
| <b>Date Assigned:</b> | 01/23/2015   | <b>Date of Injury:</b>       | 05/23/2013 |
| <b>Decision Date:</b> | 03/18/2015   | <b>UR Denial Date:</b>       | 12/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/14/2015 |

### 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 45 year old female who sustained a work related injury May 23, 2013. According to the doctor's first report of occupational illness or injury dated May 29, 2013, the injured worker slipped and grabbing support with the left hand twisted the lower back without a fall. Pain was present in the lower back, left foot and left shoulder. Treatment included a lumbar support, cervical pillow for neck and shoulder positioning while in bed, medications physical therapy and cold pack as needed. Work status was documented as modified work. On 2/4/2014 the injured worker underwent a diagnostic arthroscopy of the glenohumeral joint and subacromial space; subacromial decompression, subacromial synovectomy, CA ligament resection and Mumford procedure. According to a primary treating physician's report dated December 5, 2014, the injured worker presented with left shoulder pain radiating to neck; headache; chronic low back pain radiates lower extremity left greater than right. She is currently treating with Imitrex, TENS and self exercises daily. Diagnoses are left shoulder sprain/strain; lumbar degenerative disease; myofascial pain; gastritis; lumbar radiculopathy and cervical radiculopathy. Treatment includes a heating pad; continue Imatrex, awaiting left shoulder orthopedic evaluation and psych evaluation. Work status is documented s return to work with modifications but employer is not able to accommodate restrictions. According to utilization review dated December 16, 2014, the request for (10) sessions of Chiropractic Care has been modified to (6) session trial for chiropractic care. The request for Imitrex 50mg #9 is non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Imitrex 50mg #9: 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), Head (trauma, headaches, etc., not including stress & mental disorders)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head Chapter, Imitrex Sumatriptan and Triptans

**Decision rationale:** Per the 11/26/14 report the patient presents with left shoulder pain s/p surgery 4 months previously radiating to the neck and headaches along with lower back pain radiating to the bilateral lower extremities left greater than right. The current request is for 1 PRESCRIPTION OF IMITREX 50 mg #9 per the 11/26/14 report. The RFA is not included. The patient is to return to modified work on 11/26/14. MTUS does not specifically address this medication. ODG, Head Chapter, Imitrex Sumatriptan and Triptans, states: Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. The treater states on 11/26/14 that this medication is for shoulder pain that has caused cervicogenic headaches. The 12/05/14 report states the patient has used Imitrex 3 times and it was helpful. In this case, guidelines recommend this medication for migraines. While headaches are documented, migraines are not. The medication is not recommended for shoulder pain. The request IS NOT medically necessary.

### **10 sessions of chiropractic care for trial: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** Per the 11/26/14 report the patient presents with left shoulder pain s/p surgery 4 months previously radiating to the neck and headaches along with lower back pain radiating to the bilateral lower extremities left greater than right. The current request is for 10 SESSIONS OF CHIROPRACTIC CARE FOR TRIAL. The RFA is not included. The 12/16/14 utilization review states the report containing the request is dated 11/26/14. The patient is to return to modified work on 11/26/14. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is recommended for chronic pain if caused by musculoskeletal conditions. For the low back it is recommended as an option. For Therapeutic care: A trial of 6 visits over 2 weeks, with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks is allowed. The treater does not discuss this request in the reports provided for review. Reports from 10/13/14 and 10/20/14 show the patient is undergoing chiropractic treatment for the lumbar region. The 10/27/14 report states that Chiro treatment is helpful, the

11/15/14 report notes Acupuncture x 6 for persistent neuropathic pain and the 11/26/14 report states the patient is to continue chiropractic treatment. As the patient received prior lumbar treatment, presumably this request for a trial is for the shoulder; however, this is not clearly documented. In any event, guidelines allow 6 sessions for a trial and this request is for 10 sessions. Six sessions have been certified by the utilization review. The request IS NOT medically necessary.