

Case Number:	CM15-0009360		
Date Assigned:	01/27/2015	Date of Injury:	07/23/2001
Decision Date:	03/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/15/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 44 year old female, who sustained an industrial injury on July 23, 2001. She has reported stress, headaches, and anxiety. The diagnoses have included depressive psychosis, major depressive disorder, post -traumatic stress disorder, fibromyalgia, and migraine headaches. Treatment to date has included medications, physical therapy, pool therapy, psychotherapy, and a gym membership. Currently, the IW complains of pain, anxiety, depression, and sleep disturbance. Her mood is noted to be depressed and somewhat anxious. On December 16, 2014, Utilization Review non-certified of Buspar 30 mg, quantity #30, and Treximet, quantity #60, and modified certification for Norco 10/325 mg, quantity #48, based on MTUS, Chronic Pain Medical Treatment, and ODG guidelines. On January 15, 2015, the injured worker submitted an application for IMR for review of Buspar 30 mg, quantity #30, and Treximet, quantity #60, and Norco 10/325 mg, quantity #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 30mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: The MTUS is silent on the use of this medication. Per Micromedex Consumer Medication Information via PubMed Health, buspirone is used to treat certain anxiety disorders or to relieve the symptoms of anxiety. The ODG guidelines state "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications. Many antidepressants, in particular the Selective Serotonin Reuptake Inhibitors (SSRIs) are considered first-line agents in the treatment of most forms of anxiety." The documentation submitted for review indicates that the injured worker has been using this medication since at least 2012, but has continued to experience anxiety. There were no assessments of efficacy to support its ongoing use. The request is not medically necessary.

Treximet, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Treximet (sumatriptan/ naproxen sodium)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head

Decision rationale: The MTUS is silent on the use of Treximet. Per the U.S National Library of Medicine, Treximet is combination sumatriptan and naproxen used to treat acute migraine attacks in adults. Per the ODG guidelines with regard to migraine treatment, Recommend triptans 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. A poor response to one triptan does not predict a poor response to other agents in that class. The documentation submitted for review indicates that the injured worker used this medication on an as needed basis, six to seven times a month. She pointed out that it varied as to what part of her head the headaches were located in. However, the documentation did not contain any information regarding the efficacy of the medication. As such, medical necessity cannot be affirmed.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and

psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking 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. Review of the available medical records reveals no documentation to support the medical necessity of norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There was documentation of a saliva drug screen dated 10/30/14 which did not detect norco despite its prescription. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.