

Case Number:	CM15-0104098		
Date Assigned:	06/08/2015	Date of Injury:	01/20/2009
Decision Date:	07/15/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/30/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 45-year-old who has filed a claim for chronic neck pain and headaches reportedly associated with an industrial injury of January 20, 2009. In a Utilization Review report dated May 4, 2015, the claims administrator failed to approve requests for Relafen, Imitrex, and Ultracet apparently prescribed on or around April 20, 2015. A variety of MTUS and non-MTUS Guidelines were invoked. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated October 13, 2014, the medical-legal evaluator noted that the applicant had been terminated by her former employer and was no longer working. The medical-legal evaluator suggested that the applicant remain off of work, on total temporary disability, following earlier failed cervical fusion surgery. Ancillary complaints of arm weakness, insomnia, and depression were reported. On March 25, 2015, the applicant reported ongoing complaints of neck pain with intermittent migraine type headaches, it was reported. The applicant stated she often develops an aura when and if the headache was about to come on. The applicant did report issues of nausea and photophobia associated with her migraine headache. The applicant stated that overall neck pain complaints were worsened by driving, lifting, looking down, and drying her hair. The applicant was off of work and reportedly ceased work on August 2013, it was reported. The applicant was given prescriptions for Relafen, Ultracet, and Imitrex, it was reported. Physical therapy and acupuncture were sought. The visit was framed as the first visit with the requesting provider. On April 20, 2015, the applicant reported ongoing complaints of neck pain with ancillary complaints of headaches. The applicant stated that Imitrex was attenuating her headache to some extent. The applicant apparently stated that the combination of

Imitrex, Ultracet, and Relafen was attenuating her headache frequency. Medications and permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Relafen 750 mg #60 (4/20/15): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Yes, the request for Relafen, an anti-inflammatory medication, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Relafen do represent the traditional first line of treatment for various chronic pain syndromes. Here, the request in question represented what appeared to be second fill of Relafen, apparently sought on or around the three-week mark of the applicant's first office visit with the prescribing provider. The prescribing provider did report on April 24, 2015, that the applicant's headaches had been attenuated following introduction of Relafen. The applicant was described as "happy" with the analgesic effect of Relafen and other medications, per the April 20, 2015 office visit at issue. Continuing the same, thus, was indicated. Therefore, the request was medically necessary.

Retrospective: Imitrex 50 mg #9 (4/20/15): Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation U.S. Food and Drug Administration, Imitrex.

Decision rationale: Similarly, the request for Imitrex was likewise medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 47, an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed into its choice of recommendation so as to ensure proper usage and so as to manage expectations. The Food and Drug Administration (FDA) notes that Imitrex (sumatriptan) is indicated in the treatment of acute migraine headaches, with or without aura. Here, the applicant was described as having intermittent bouts of migraines, often associated with a prodrome or aura with associated symptoms of nausea and photophobia. The attending provider wrote on April 20, 2015 that the applicant's migraine headaches had been effectively attenuated through usage of Imitrex. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Retrospective: Ultracet 37.5/325 mg #90 (4/20/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for Ultracet, a synthetic opioid, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, it did not appear that the applicant had returned to work. Nevertheless, the treating provider did state that the applicant's headache frequency and overall pain complaints had been effectively attenuated following introduction of Ultracet. The request in question, furthermore, represented the second fill of the drug in question, making it difficult to entertain a meaningful discussion of functional improvement as of the date in question, April 20, 2015. The limited information on file, however, did seemingly suggest that the applicant had profited from introduction of Ultracet. Continuing the same, balance, was indicated. Therefore, the request was medically necessary.