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| Case Number: | CM15-0104380 | | |
| Date Assigned: | 06/08/2015 | Date of Injury: | 03/14/2012 |
| Decision Date: | 07/13/2015 | UR Denial Date: | 05/14/2015 |
| Priority: | Standard | Application Received: | 06/01/2015 |

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, Florida, 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 injured worker is a 53 year old male who sustained an industrial injury on 03/14/2012. There was no mechanism of injury documented. The injured worker was diagnosed with post lumbar laminectomy syndrome, cervical myoligamentous injury, headaches and gastroesophageal reflex disorder (GERD). Treatment to date includes diagnostic testing, surgery, physical therapy, cervical and lumbar epidural steroid injections, S1 nerve block, spinal cord stimulator (SCS), intrathecal infusion pump and medications. The injured worker underwent intrathecal morphine pump implant on January 19, 2015 and posterior lumbar interbody fusion L5-S1 in October 2013. According to the primary treating physician's progress report on February 20, 2015, the injured worker presented on an urgent basis for debilitating neck and lower back pain rated as 9/10 in intensity. Examination of the posterior cervical spine demonstrated decreased range of motion and guarding with tenderness to palpation bilaterally, increased muscle rigidity and numerous trigger points palpable throughout the cervical paraspinal muscles. Sensory was decreased bilaterally in the posterior medial and lateral aspects of the arms. The lumbar spine demonstrated tenderness to palpation of the lumbar paravertebral muscles and sciatic notch with trigger points and taut bands throughout. Sensory was decreased along the posterior thigh and calf. Current medications are listed as intrathecal infusion pump with Dilaudid 2.75 mg/day and bupivacaine 5.1mg/day, Roxicodone, Neurontin, Prilosec, Norco, Ultracet, Anaprox, Colace and Prilosec. Treatment plan consists of increasing intrathecal infusion pump with Dilaudid 3.1mg/day, weaning Norco 10/325mg from 6 tabs to 4 tabs a day and the current request for Anaprox DS and Imitrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 Page(s): 60 and 67 of 127.

Decision rationale: This claimant was injured over three years ago. There is post lumbar laminectomy syndrome, and headaches. There was an intrathecal morphine pump implant. There is no mention of migrainous components to the headaches. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is appropriately not medically necessary.

Imitrex 100mg #9: 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 ODG Head section, under Triptans.

Decision rationale: This claimant was injured over three years ago. There is post lumbar laminectomy syndrome, and headaches. There was an intrathecal morphine pump implant. There is no mention of migrainous components to the headaches. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes in the Head section, under Triptans: 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. A poor response to one triptan does not predict a poor response to other agents in that class. (Adelman, 2003) (Ashcroft, 2004) (Belsey, 2004) (Brandes 2005) (Diener, 2005) (Ferrari, 2003) (Gerth, 2001) (Mannix, 2005) (Martin 2005) (McCrary, 2003) (Moschiano, 2005) (Moskowitz, 1992) (Sheftell, 2005) In

this case, although there are headaches, it is not clear clinically they are migraines. It is also not clear that other simpler analgesic medicines had been tried and failed. The request is appropriately not medically necessary.