

Case Number:	CM15-0132213		
Date Assigned:	07/20/2015	Date of Injury:	01/20/2009
Decision Date:	08/21/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/08/2015

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: Family Practice

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 an industrial injury on January 20, 2009. She reported injury to her neck. The injured worker was currently diagnosed as having chronic neck pain with history of C5-C6 cervical fusion in 2013 and migraine-type headaches. Treatment to date has included surgery, diagnostic studies, medications, epidural injections and acupuncture. The epidural injections and acupuncture were noted to provide some relief. On June 15, 2015, the injured worker complained of neck pain and headaches with left upper extremity weakness. She reported that the combination of her Ultracet and Relafen medication significantly allowed her to be more functional and managed her headache pain. This combination brings her pain down from a 10 on a 1-10 pain scale to a 2/10. Her Imitrex medication has also helped significantly with her migraine headaches. The treatment plan included an updated MRI with and without contrast for the cervical spine, medications, urine drug screen and follow-up visit. On June 29, 2015, Utilization Review non-certified the request for Ultracet 37.5/325 mg #60 with two refills, MRI of the cervical spine and Imitrex 50 mg #9 with two refills, citing California MTUS and Official Disability Guidelines. The prior cervical MRI was performed on 5/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the cervical spine: 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), Minnesota Rules, Parameters for Medical Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter/Magnetic resonance imaging (MRI).

Decision rationale: According to ACOEM guidelines, criteria for ordering an MRI of the cervical spine include emergence of a red flag, physiologic evidence of tissue insult or nerve impairment, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. According to ODG, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the medical records note that the injured worker underwent cervical imaging in May 2014. In the absence of re-injury or significant change in symptoms, the request for repeat imaging is not supported. The request for Magnetic resonance imaging (MRI) of the cervical spine is not medically necessary or appropriate.

Ultracet 37.5/325mg twice daily, #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The injured worker is followed for chronic pain and according to the MTUS guidelines, opioids may be continued if there is improvement in pain and function. The medical records note improvement with the utilization of Ultracet. There is no evidence of abuse or diversion and the request for Ultracet is supported. The request for Ultracet 37.5/325mg twice daily, #60 with 2 refills is medically necessary and appropriate.

Imitrex 50mg as needed, #9 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/sumavel-dosepro.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter/Triptans.

Decision rationale: According to ODG, Triptans are recommended for migraine sufferers. ODG notes that at marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. In this case, the medical records note that the injured worker has migraine headaches. The medical records note improvement with the utilization of Imitrex. The request for Imitrex 50mg as needed, #9 with 2 refills is medically necessary and appropriate.