MAXIMUS Federal Services

Case Number:	CM15-0136895		
Date Assigned:	07/24/2015	Date of Injury:	10/06/2014
Decision Date:	08/26/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/15/2015

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: 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 56-year-old who has filed a claim for chronic low back, neck, and mid back pain reportedly associated with an industrial injury of October 6, 2014. In a June 19, 2015 Utilization Review report, the claims administrator failed to approve requests for Treximet and Seroquel. The claims administrator referenced a March 20, 2015 progress note in its determination. A subsequent note dated June 2, 2015 was also alluded to in the determination. The applicant's attorney subsequently appealed. On January 12, 2015, the applicant reported ongoing complaints of neck and low back pain with derivative complaints of posttraumatic headaches. The applicant was using naproxen, Flexeril, and tramadol, it was reported. The applicant underwent electrodiagnostic testing which did establish the presence of a residual lumbar radiculopathy, it was reported. Medication selection and medication efficacy were not detailed or discussed on this date. In a handwritten note dated March 6, 2015, the applicant reported 10/10 neck pain, back pain, and headaches. The applicant had occipital type headaches, it was reported. A pain management consultation was sought. The note was handwritten, difficult to follow, not entirely legible, and did not seemingly include any discussion of medication efficacy. The applicant's pain complaints were scored at 10/10 in one section of the note, it was stated. The applicant's complete medication was not detailed. On March 20, 2015, the applicant reported ongoing complaints of headaches and low back pain. The applicant was asked to employ Fiorinal for headaches. The applicants work status was not detailed. The applicant exhibited a flat affect. Medication selection and medication efficacy were not, once again, detailed or discussed. In a separate prescription form dated March 20, 2015, Treximet and

Seroquel were endorsed. It was not stated for what issues and/or diagnoses these medications had been prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Treximet 85/500mg #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, Triptans.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation National Library of Medicine Sumatriptan/Naproxen Treats migraine headaches. This medicine does not prevent migraines. This medicine contains a triptan and a nonsteroidal anti-inflammatory drug (NSAID).

Decision rationale: No, the request for Treximet (sumatriptan-naproxen) was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider's choice of pharmacotherapy should be based on the type of pain to be treated and/or pain mechanism involved. While the National Library of Medicine (NLM) does acknowledge that Treximet (sumatriptan-naproxen) is indicated in the treatment of migraine headaches, here, however, the attending provider's handwritten progress note of March 20, 2015 did not explicitly state that the applicant in fact carried a diagnosis of migraine headaches, nor was there mention of the applicant's having symptoms of headaches with attendant aura, photophobia, phonophobia, nausea, vomiting, etc., which would make a diagnosis of migraine headaches more plausible. Rather, some sections of the attending provider's documentation suggested that the applicant's headaches were cervicogenic in nature. The attending provider's handwritten progress notes, moreover, did not clearly state whether or not ongoing usage of Treximet was or was not proving effectual here. Therefore, the request was not medically necessary.

1 prescription of Seroquel 50mg #30: 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), Mental Illness & Stress, Quetiapine (Seroquel).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 402; 47.

Decision rationale: Similarly, the request for Seroquel, an atypical antipsychotic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that continuing with an established course of antipsychotic is important, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the attending provider did not state whether or not the request in question represented a first-time request versus a renewal request and/or whether or not ongoing usage of Seroquel had or had not proven effective for whatever purpose it has been employed. While the Food and Drug Administration (FDA) does acknowledge that Seroquel is indicated in the treatment of schizophrenia, acute manic episodes, acute treatment of depressive episodes associated with bipolar disorder, etc., here, however, it was not clearly stated for what issue, diagnosis, and/or purpose Seroquel was being employed and/or whether or not Seroquel was or was not proving effective for whatever purpose it had been prescribed for. Therefore, the request was not medically necessary.