

<b>Case Number:</b>	CM15-0137057		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	11/07/2013
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, North Carolina  
 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 53 year old male who sustained an industrial injury on 11/07/2013 resulting in injury to the head after falling about 5 feet and hitting his head on the ground. Treatment provided to date has included: physical therapy resulting in increased symptoms (as reported by the injured worker); injection to the low back with unknown results (as reported by the injured worker); medications; and conservative therapies/care. Diagnostic tests performed include: multiple CT scan of the head and brain with no reported abnormalities; MRI of the cervical spine with no reported abnormalities; and MRI of the lumbar spine reportedly showing L5 radiculopathy only. Other noted dates of injury documented in the medical record include: 1988, 1990 and 2008. There were no noted comorbidities. The only progress report available for review was dated 06/25/2015 which is after the date of the utilization review's decision regarding the requested issues. However, a qualified medical evaluation (QME) dated 03/06/2015 was available. On 03/06/2015, the QME report noted complaints of neck pain referred to the shoulders, upper back, head, arms and hands with numbness, tingling and weakness. The neck pain was rated 6/10 in severity, and was described as constant. Additional complaints included low back pain referred to the upper back, buttocks and bilateral legs with numbness, tingling and weakness, headaches, loss of consciousness, constipation and rectal bleeding. The low back pain was rated 7/10 in severity, and was described as constant. The injured worker and spouse reported involuntary twitching of the limbs and seizure like activity at night. Current medications included pantoprazole, Naprosyn, Norco, sumatriptan and possibly tramadol (per the QME report). The physical exam revealed decreased grip strength in the right upper extremity with a noted indication that full effort may not be exhibited at times; voiced

difficulty or inability to stand and walk with noted evidence that he could stand and take a few steps without a limp; equal circumferential measurements; multiple Waddell signs including: low back and neck pain upon compression of the head, non-cooperation and verbal outburst of pain, back pain on simulated rotation, non-anatomic sensory disturbance, diffuse mild non-anatomic weakness and diffuse non-anatomic tenderness with tenderness to light touch; and diffuse tenderness to very light touch of the cervical spine including the paraspinal, trapezial, interscapular and parascapular areas, confluent all the way down to the low back, with no spasms, rigidity or guarding. The injured worker was reported to be non-cooperative with range of motion (ROM) in the neck but pain with range of motion was noted. Examination of the upper extremities revealed equal and symmetric ROM in the shoulders, normal and equal motor strength in the upper extremities, decreased sensation in the ring and little fingers bilaterally, and equal and symmetric reflexes in the upper extremities. The lumbar spine exam revealed pain with ROM, but without radiating pain. The lower extremities showed decreased sensation at the L4-5 nerve roots, and a positive straight leg raise test with pain in the dorsum of the foot and back at 90° and 70°. The provider noted diagnoses of cervical strain, superimposed on modest degenerative changes, and lumbosacral strain, superimposed on one-level degenerative changes with possible facet fracture. The injured worker was noted to be in a wheelchair and stated that he really cannot walk, but if he has to it is with a walker. Recommendations included EMG/NCV (electromyography/nerve conduction velocity) testing, an electroencephalogram (EEG), consultations, and repeat epidural injections. The injured worker's work status was noted as temporarily totally disabled. The request for authorization and IMR (independent medical review) includes: Norco 10-325mg #120 and Imitrex 50mg (unspecified quantity).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement, Criteria for chronic pain Page(s): 80-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**Decision rationale:** CA MTUS states that opioids are recommended for chronic pain in patients who have not responded to first-line agents (antidepressants, anticonvulsants). The lowest possible dose should be prescribed to improve pain and functioning. Ongoing review and documentation of pain relief, functional status, appropriate medication usage and side effects are required by guidelines. In this case, Norco has been prescribed chronically for low back pain. The date of injury was 11/2013. There is no documentation pain relief, functional status or appropriate medication usage or side effects. There is also no clear documentation of functional benefit or improvement, such as return to work or reduction in work restrictions, increased activity tolerance or a reduction in medication usage. In addition, the patient has objective findings and symptoms that do not support the clinical diagnosis. Therefore the request for Norco is not medically necessary or appropriate.

**Imitrex 50mg (unspecified qty): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 111-113.

**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:** CA MTUS does not specifically address the use of Imitrex, however the ODG indicates that Imitrex is indicated for migraine headaches. In this case, the patient suffered a fall, striking his head almost 2 years ago. He is being treated with Imitrex for migraine headache, however there is no objective evidence to support this diagnosis. Imitrex is specifically recommended for migraine headaches. There are no findings consistent with migraine in this patient. The headaches described appear to be consistent with tension or neurogenic headache. Post-traumatic headache may also be possible. There is no rationale presented for the use of Imitrex in a patient with the lack of a clear diagnosis of migraine, as present in this case. The request for Imitrex is therefore not medically necessary or appropriate.