

Case Number:	CM15-0137445		
Date Assigned:	07/27/2015	Date of Injury:	06/17/2011
Decision Date:	08/31/2015	UR Denial Date:	07/09/2015
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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 58 year old male, who sustained an industrial injury on 6/17/11. He reported injury to his neck and right shoulder. The injured worker was diagnosed as having chronic neck pain and upper extremity pain, chronic persistent headaches and chronic right shoulder pain status post right shoulder surgery. Treatment to date has included an EMG on 4/3/14 showing bilateral carpal tunnel syndrome, physical therapy, left shoulder surgery and psychotherapy. Current medications include Topamax, Cymbalta, Imitrex and Percocet since at least 12/31/14. On 3/31/15, the injured worker reported being involved in a motor vehicle accident while on his way to therapy. He indicated re-injury of his left shoulder and neck. As of the PR2 dated 6/24/15, the injured worker reports chronic pain in his neck and right shoulder and headaches. He is sensitive to light and having a difficult time concentrating. The treating physician noted that the injured worker has a flat affect and appears depressed. The treating physician requested to continue Percocet 7.5-325mg #60 and Imitrex 50mg #9.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5-325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of percocet nor any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. Per progress report dated 5/27/15, it was noted that pain contract was signed and on file. UDS on 2/12/15 was consistent. CURES report was checked on 3/16/15 and was consistent. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Imitrex 50mg #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), Online Edition, Chapter:Head.

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

Decision rationale: The MTUS is silent on the use of Imitrex. With regard to the use of triptans, the ODG states: "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." The documentation submitted for review indicates that the injured worker has been using this medication since at least 1/2015. Per progress report dated 6/24/15, it was noted that the injured worker does not recall if the Imitrex helps with the headaches. The treating physician asked him if he had the formal diagnosis of migraine, but he did not recall being evaluated by a neurologist for the headaches. As the injured worker was not diagnosed with migraines and there is no documentation of benefit with the use of the medication, the request is not medically necessary.