MAXIMUS Federal Services

Case Number:	CM15-0194266		
Date Assigned:	10/08/2015	Date of Injury:	12/16/2013
Decision Date:	11/18/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/02/2015

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: 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 46 year old male, who sustained an industrial injury on 12-16-2013. A review of the medical records indicates that the injured worker is undergoing treatment for posttraumatic head syndrome. On 9-11-2015, the injured worker reported daily headaches. The Neurology supplemental report dated 9-11-2015, noted the injured worker was doing "all right as far as headaches are concerned" since taking the Amitriptyline and Fioricet, having no migraines since starting the medication. The injured worker was noted to generally use the Imitrex, prescribed since 5-29-2015, for when he does get a migraine. The treatment plan was noted to include continued Fioricet and Amitriptyline, both prescribed since at least 12-19-2014, and agreement with orthopedic requests for acupuncture and a MRI of the neck. The injured worker's work status was noted to be working and not yet permanent and stationary. The request for authorization dated 9-18-2015, requested Nortriptyline HCL 10 MG #60, Imitrex 50 MG #30, and Fioricet Tabs #100 1 tab 2 times a day. The Utilization Review (UR) dated 9-25-2015, non-certified the requests for Nortriptyline HCL 10 MG #60, Imitrex 50 MG #30, and Fioricet Tabs #100 1 tab 2 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline HCL 10 MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date, migraine headaches.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The up-to date guidelines states the requested medication is indicated in the prevention and prophylactic treatment of migraine headaches. The patient has migraine headaches with no contraindications to the medication. Therefore the request is medically necessary.

Imitrex 50 MG #30: Overturned

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 chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, Imitrex.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of acute migraine headaches. The patient has migraine headaches with no contraindications to the medication. Therefore the request is medically necessary.

Fioricet Tabs #100 1 Tab 2 Times A Day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

Decision rationale: The California MTUS states: Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987). There is no documented direct benefit in pain or function due to the requested medication. There are no objective measurements of improvement. Therefore the request is not medically necessary.