MAXIMUS Federal Services

Case Number:	CM15-0205446		
Date Assigned:	10/22/2015	Date of Injury:	11/12/2001
Decision Date:	12/29/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/19/2015

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, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68 year old female, who sustained an industrial injury on 11-12-2001. She has reported injury to the neck, right knee, and psyche. The diagnoses have included cervical spine radiculitis; status post cervical fusion; right knee pain; restless leg syndrome; cervicogenic migraine headache; depressive disorder; muscle spasm. Treatment to date has included medications, diagnostics, home exercise program, psychotherapy, and surgical intervention. Medications have included Norco, Neurontin, Cymbalta, Imitrex, Mirapex, Flexeril. A progress note from the treating physician, dated 09-25-2015, documented a follow-up visit with the injured worker. The injured worker reported neck pain and pain in both shoulders; the pain is rated at 10 out of 10 in intensity without medications; the pain is rated at 7-8 out of 10 in intensity with medications; and the oral pain medications allow for 50-60% improvement in function with walking, sitting, and standing. Objective findings included she is alert and oriented; cervical spine with decreased ranges of motion; pain with flexion and extension; positive Spurling's sign; bilateral grip strength is rated 3 out of 5; decreased sensation bilaterally at C5-C6; and decreased brachioradialis reflex on the right. The treatment plan has included the request for Mirapex ER tab 1.5mg #30, 1 tab at hour of sleep; Norco tab 10-325mg #120mg, 1-2 every 4-6 hours; Flexeril 10mg #90; and Imitrex tab 100mg #30. The original utilization review, dated 10-02-2015, non-certified the request for Mirapex ER tab 1.5mg #30, 1 tab at hour of sleep, and the request for Flexeril 10mg #90, and the request for Imitrex tab 100mg #30; and modified the request for Norco tab 10-325mg #120mg, 1-2 every 4-6 hours, to allow this one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirapex ER tab 1.5mg #30, 1 tab qhs: 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), Knee and Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/mirapex.html.

Decision rationale: According to drugs.com, Mirapex is a medication used in the treatment of Parkinson's disease and restless leg syndrome. There is diagnosis to include restless leg syndrome but there is no mention of how effective this drug has been since its initiation. Therefore, the request is not medically necessary.

Norco tab 10/325mg #120, 1-2 q4-6hr: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The California MTUS guidelines allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting improvement in participation of activities of daily living, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment, and discussion of monitoring for aberrant drug taking behavior (the 4 A's - Analgesia, Activities of Daily Living, Aberrant drug taking behavior, Adverse side effects). There is mention on most recent physician note, of weaning down from #150 to #120. The weaning process should be gradual to avoid rebound pain. Norco has been shown to improve ADLs, and reduce pain by 30%. There is no mention of abuse or aberrant behavior. Ongoing use is reasonable and supported, and weaning should continue. The request is medically necessary.

Flexeril 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: According to the CA MTUS, Flexeril is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS Guidelines: "Recommend non-sedating muscle relaxants with caution as a second line option for the short-term relief of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." There are no extenuating factors within the documentation to warrant continued use of this class of medication in this injured worker who is near 70 years of age. Weaning may be required. This request is not medically necessary.

Imitrex tab 100mg #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), Head chapter, online version, Triptans.

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

Decision rationale: The California MTUS and ACOEM Guidelines do not discuss Imitrex. However, ODG Guidelines have the following regarding triptans for headaches, "recommended for migraine sufferers. At marked doses all oral triptans, for example, sumatriptan (Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients." The injured worker is noted to be on Imitrex, for cervicogenic migraines. However, there is no mention of the effectiveness of this agent as it pertains to number of migraines daily or weekly, with and without the medication. There is no mention of improved ability to function and participate in activities of daily living attributed to Imitrex. This request is not medically necessary.