MAXIMUS Federal Services

Case Number:	CM15-0022474		
Date Assigned:	02/12/2015	Date of Injury:	02/13/1995
Decision Date:	04/06/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/06/2015

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, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 55-year-old female who reported an injury on 02/13/1995. The mechanism of injury was not specifically stated. The current diagnoses include neck pain, chronic pain syndrome, and headaches. The injured worker presented on 01/15/2015 for a follow-up evaluation with complaints of severe headaches causing nausea and vomiting. The injured worker was status post anterior cervical fusion in 1996. The injured worker reported an improvement in symptoms with Norco and sumatriptan. Exacerbating factors consist of physical therapy and repetitive motion involving the right upper extremity. Relieving factors consist of cold application and heat application. The current medication regimen includes Amrix 30 mg, Depakote ER 500 mg, Imitrex 50 mg, Norco 10/325 mg, and sumatriptan 6 mg/0.5 mL injection. Upon examination, there was normal motor strength in the upper extremities with medial right scapular tenderness, tenderness at the posterior cervical area, trigger points at the right C3-4 level, increased pain with cervical range of motion, and tenderness in the right trapezius muscle. Recommendations at that time included a continuation of the current medication regimen. There was no Request for Authorization submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Depakote ER 500mg #90 with 5 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Divalproex Sodium/Sodium Valproate, Additional Monotherapy Drug Strategies (Expert Consensus), Pringsheim T. Davenport W, Mackie G. Worthington I, Aube M, Christie SN, Gladstone J, Becker WJ, Canadian Headache Society Prophylactic Guidelines Development Group. Canadian Headache Society Guideline for Migraine Prophylaxis. Can J Neurol Sci. 2012 Mar;39(2 Suppl 2):S1-59.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Updated: 02 March 2015. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Valproic acid.

Decision rationale: According to the U. S. National Library of Medicine, Valproic acid is used alone or with other medication to treat certain types of seizures. It is also used to treat mania in patients with bipolar disorder. The injured worker does not maintain any of the above mentioned diagnoses. While it is noted that Valproic acid has been used to prevent migraine headaches, the injured worker is also utilizing Imitrex. The medical necessity for 2 separate medications for migraine headaches has not been established in this case. The injured worker has utilized Depakote ER 500 mg since at least 07/2014. There was no mention of objective functional improvement. The injured worker continues to present with complaints of severe migraine headaches. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate at this time.

1 Prescription of Imitrex 50mg #30 with 1 Refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head, Triptans.

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: The Official Disability Guidelines recommend triptans for migraine sufferers. In this case, it was noted that the injured worker has continuously utilized the above medication since at least 07/2014 without any evidence of functional improvement. The injured worker continues to present with complaints of severe headaches. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate at this time.

1 Prescription of Norco 10/325mg #120 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it was noted that the injured worker has continuously utilized the above medication since at least 07/2014. There was no documentation of objective functional improvement. There was no evidence of a failure of nonopioid analgesics. There was no mention of a written consent or agreement for chronic use of an opioid. Previous urine toxicology reports documented evidence of patient compliance and nonaberrant behavior were not provided. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.