

Case Number:	CM15-0219908		
Date Assigned:	11/12/2015	Date of Injury:	02/06/2014
Decision Date:	12/31/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/09/2015

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: Massachusetts

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:

In a Progress Report dated 10-20-2015, the injured worker presented with complaints of pain in his neck, low back, and left upper extremity. He continues to have neck pain with radiation into the scapula. He has a new symptom of severe headaches. He notes that he gets them three times a week. His low back pain remains local. He reports pain, numbness, and tingling radiating from his elbow down to his fourth and fifth finger. On a subjective pain scale, he rates his pain 6 out of 10 with medications and 7 out of 10 without. In addition, he reports nausea, vomiting, diarrhea, constipation, and acid indigestion. The physical examination of the cervical spine reveals tenderness over the facets on the left. Decreased range of motion with extension. Examination of the lumbar spine reveals minimal tenderness in the lower paraspinal muscles. Examination of the left upper extremity reveals tenderness over the medial epicondyle with decreased sensation in the fourth and fifth finger. The current medications are Norco, Amitriptyline, and Dexilant (since at least 4-1-2015). Previous diagnostic studies include electrodiagnostic testing and MRI of the cervical and lumbar spine. Treatments to date include medication management, physical therapy, TENS unit, myofascial release, chiropractic, acupuncture, and cervical epidural steroid injection. Work status is not indicated. The original utilization review (11-6-2015) had non-certified a request for Maxalt 10mg #72 and Dexilant 60mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxalt 10mg #72: Upheld

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

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

Decision rationale: According to the ODG, Maxalt is a triptan approved as an abortive migraine medication. According to the documents available for review, the IW does not have a diagnosis of migraine headache. Therefore, at this time, the requirements for treatment have not been met and the request is not medically necessary.

Dexilant 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The MTUS makes the following recommendations for the use of proton pump inhibitors. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the injured worker is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Recommendations: Injured workers with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Injured workers at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long- term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Injured workers at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Injured workers at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low- dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk, the suggestion is naproxyn plus low-dose aspirin plus a PPI. Cardiovascular disease: A non-pharmacological choice should be the first option in injured workers with cardiac risk factors. It is then suggested that acetaminophen or aspirin be used for short-term needs. An opioid also remains a short-term alternative for analgesia. Major risk factors (recent MI, or coronary artery surgery, including recent stent placement): If NSAID therapy is necessary, the suggested treatment is naproxyn plus low-dose aspirin plus a PPI. Mild to moderate risk factors:

If long-term or high-dose therapy is required, full-dose naproxen (500 mg twice a day) appears to be the preferred choice of NSAID. If naproxyn is ineffective, the suggested treatment is (1) the addition of aspirin to naproxyn plus a PPI, or (2) a low-dose Cox-2 plus ASA. According to the records available for review, the injured worker does not meet any of the guidelines required for the use of this medication. Therefore, at this time, the requirements for treatment have not been met and the request is not medically necessary.