

<b>Case Number:</b>	CM15-0040464		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This female sustained an industrial injury to the back and neck on 8/16/07. Previous treatment included magnetic resonance imaging, electromyography, right knee meniscectomy, physical therapy, chiropractic therapy, acupuncture, injections and medications. The injured worker was receiving ongoing treatment for headaches and emotional stress. In a PR-2 dated 2/10/15, the injured worker reported having episodes of syncope on 1/7/15 and 1/8/15. The injured worker was given Antivert at the hospital with no further episodes of syncope. The injured worker complained of ongoing headaches. Current diagnoses included gastritis, insomnia, headache and anxiety. The treatment plan included continuing current medications (Imitrex, Ambien, Prilosec, Naproxen Sodium and Mentherm gel) and starting Antivert.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Antivert 25mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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), Promethazine (Phenergan).

**Decision rationale:** Meclizine is an over-the-counter medication that prevents and controls nausea, vomiting, and dizziness caused by motion sickness. It also treats vertigo caused by ear problems. The MTUS or the ODG do not directly address meclizine, but discuss promethazine, a drug of the same class and indications. The Official Disability Guidelines state that promethazine is not recommended for nausea and vomiting secondary to chronic opioid use; consequently, meclizine cannot be recommended for nausea and vomiting secondary to chronic opioid use. In addition, there is no documentation for occupational vertigo caused by ear problems. Antivert 25mg #30 is not medically necessary.

**Imitrex 50mg #18 (refill unspecified):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** 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. Although triptans are recommended in the Official Disability Guidelines, the medical records do not indicate that the patient's headaches are migraine in origin, or that migraines are a contributor to the occupational injury. Imitrex 50mg #18 (refill unspecified) is not medically necessary.

**Ambien 10mg #30 (refill unspecified):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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), Zolpidem (Ambien).

**Decision rationale:** The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The patient has been prescribed Ambien for longer than the 2 week period recommended by the ODG. Ambien is not medically necessary.

**Prilosec 20mg #60 (refill unspecified): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Prilosec 20mg #60 (refill unspecified). The request is not medically necessary.

**Soma 350mg #60 (refill unspecified): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**Decision rationale:** The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Soma 350mg #60 (refill unspecified) is not medically necessary.

**Naproxen 550mg #60 (refill unspecified): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Naproxen 550mg #60 (refill unspecified) is not medically necessary.

**Menthoderm 120 ml (dosage unspecified) QTY 2 (refill unspecified): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** Menthoderm Gel is a topical analgesic containing Methyl Salicylate 15.00% and Menthol 10.00%. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. There is no peer-reviewed literature to support the use of topical Menthoderm Gel. Menthoderm 120ml (dosage unspecified) QTY 2 (refill unspecified) is not medically necessary.