

<b>Case Number:</b>	CM15-0043482		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	10/16/2009
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: 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:

The injured worker is a 53 year old female, who sustained a work/ industrial injury on 10/16/09. She has reported initial symptoms of neck pain that extends to the shoulders. The injured worker was diagnosed as having cervical facet disease, chronic neck pain (cervicalgia), and strain. Treatments to date included medication, orthopedic evaluation, physical therapy, chiropractic care, acupuncture, and bilateral cervical facet blocks. Magnetic Resonance Imaging (MRI) of the cervical spine reported disc/osteophyte complex at C4-5 and disc bulge at C5-6 with slight to mild flattening of the dura at C5-6 and mild to moderate left sided compression of the dura at C4-5 where there is also mild left neural foraminal narrowing. Electromyogram/nerve conduction velocity (EMG/NCV) of bilateral upper extremities revealed a normal study. X-rays of the cervical spine revealed no evidence of soft swelling or mass, no loss of lordosis, no fracture or dislocation, intervertebral disc spaces were maintained, no foraminal stenosis or osteophytic lipping. Currently, the injured worker complains of continued neck pain rated 6/10. The treating physician's report (PR-2) from 11/19/14 indicated per exam that there was cervical spine spasm, pain, and decreased range of motion. There was facet tenderness and tenderness to palpation over the cervicotracheal ridge, and pain with flexion, extension, and range of motion. Medications included Lidoderm patches, Norco, and Imitrex. Treatment plan included Imitrex, Norco, and TENS Unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Imitrex 25mg qty 90.00:** 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, Triptans.

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

[https://www.gsksource.com/pharma/content/dam/GlaxoSmithKline/US/en/Prescribing\\_Information/Imitrex\\_Tablets/pdf/Imitrex-Tablets-Pi-Pil.Pdf](https://www.gsksource.com/pharma/content/dam/GlaxoSmithKline/US/en/Prescribing_Information/Imitrex_Tablets/pdf/Imitrex-Tablets-Pi-Pil.Pdf).

**Decision rationale:** MTUS Guidelines are silent on this issue. Prescribing recommendations note that this drug is very potent and can have serious side effects and should be used very sparingly for the onset of migraine headaches and not for the prevention of migraines. Use should be limited to treatment of 4 or less migraines per month. The prescribing physician does not perform any updated reviews of how frequently or the manner in which this drug is being utilized. The request for #90 tabs vastly exceeds what is a recommended frequency of use over even a 3 month time period. There are no unusual circumstances to justify an exception to recommended standards of use. The Imitrex 25mg, #90 is not medically necessary.

**Norco 7.5/325 mg Qty 120.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** MTUS Guidelines support the judicious use of opioids when there is meaningful pain relief, support of function (in particular return to work) and lack of drug related aberrant behaviors. This individual meets these Guideline criteria. She is maintaining full duties, drug screens are consistent with reported use and no aberrant behaviors are manifest. Under these circumstances, the Norco 7.5/325mg #120 is supported by Guidelines and is medically necessary.

**TENS Unit Qty 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electro-therapy Page(s): 113-116.

**Decision rationale:** Due the scientific uncertainty that TENS are effective, MTUS Guidelines have very specific and detailed standards before long term TENS use can be supported. One of

the major criteria includes a 30 day rental and home trial with careful documentation of use patterns and functional benefits. This criteria has not been met. The TENS unit quantity 1 is not supported by Guidelines and is not medically necessary.