

Case Number:	CM15-0046304		
Date Assigned:	03/18/2015	Date of Injury:	06/17/2011
Decision Date:	04/23/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/11/2015

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: Texas, New York, 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 applicant is a represented 57-year-old [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 17, 2011. In a Utilization Review Report dated March 5, 2015, the claims administrator failed to approve a request for Imitrex and Biofreeze gel. The claims administrator referenced a February 3, 2015 RFA form, an appeal letter of January 29, 2015, and a progress note of December 31, 2014 in its determination. The applicant's attorney subsequently appealed. On February 26, 2015, the applicant reported ongoing complaints of headaches, three to four times a week. The attending provider stated that Imitrex was improving but not adequately controlling his headaches. The applicant was on Norco, Relafen, Topamax, Imitrex, and Biofreeze, it was acknowledged. The applicant was described as having cervicogenic headaches versus migraine headaches, chronic neck pain, chronic shoulder pain, chronic elbow pain status post earlier ulnar nerve transposition surgery. The applicant has also had issues with diabetic neuropathy, it was suggested. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case. The attending provider maintained that the applicant headaches had migraine features, with symptoms including nausea and photophobia. On January 30, 2015, the applicant was given refills of Norco, Relafen, Imitrex, and Biofreeze gel. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place. The applicant was asked to continue psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 12/31/2014) 9 tablets of Imitrex 50mg: Overturned

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, Triptans.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation FDA: 2 IMITREX®, 3 (sumatriptan succinate), 173 INDICATIONS AND USAGE, 174 IMITREX Tablets are indicated for the acute treatment of migraine attacks with or without 175 aura in adults.

Decision rationale: Yes, the request for Imitrex was medically necessary, medically appropriate, and indicated here. While the MTUS does not specifically address the topic of Imitrex, the MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed. Here, the attending provider has suggested that Imitrex was employed for migraine-type headaches and had proven at least partially effective in attenuating the applicant's symptoms of migraine headaches with attendant nausea and photophobia. Continuing the same, on balance, was indicated, particularly in light of the fact that the Food and Drug Administration (FDA) does stipulate that Imitrex is indicated in the treatment of acute migraine attacks with or without aura. Therefore, the request was medically necessary.

Retrospective (DOS 12/31/2014) 2 tubes of Biofreeze: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Salicylate topicals. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Biofreeze cryotherapy gel.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Shop for biofreeze on Google.

Decision rationale: Conversely, the request for Biofreeze gel was not medically necessary, medically appropriate, or indicated here. Biofreeze gel, per the product description, represents a means of topical cryotherapy ranging anywhere from \$█ to \$█ in price per tube. The applicant's primary pain generator here is the cervical spine (neck). While the MTUS Guideline in ACOEM Chapter 8, Table 8-5, page 174 does recommend at-home local applications of heat and cold as a method of symptom control for neck and upper back pain complaints, by implication, ACOEM does not support more elaborate devices or more extensive means of delivering cryotherapy. Here, the attending provider did not state why provision of more costly Biofreeze gel would be preferable to at-home local applications of cold packs, as suggested by ACOEM. Therefore, the request was not medically necessary.