

<b>Case Number:</b>	CM15-0050285		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	06/18/2003
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Physical Medicine & Rehabilitation

### 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 44 year old male, who sustained an industrial injury on 06/08/2013. Initial complaints reported included neck and low back pain. The initial diagnoses were not mentioned. Treatment to date has included conservative care, medications, physical therapy, acupuncture, injections, x-rays, CT scans and MRIs of the lumbar spine, electrodiagnostic testing, lumbar spine surgery (2005), and cervical spine surgery (2013) with post-op complications resulting in a pulmonary embolism. Currently, the injured worker complains of severe back pain and burning neck pain with constant numbness and tingling in the right shoulder and upper extremity. It was noted that there was an attempt to decrease the injured worker's medications and/or doses which was noted to have failed due to increased pain and inability to complete self-care and activities of daily living. Current diagnoses include cervical spondylosis, neck pain, lumbosacral neuritis, lumbar spinal stenosis, lumbar strain/sprain, and cervical spinal stenosis. The treatment plan consisted of continued medications (gabapentin, Cymbalta, Medrol dose pack and Imitrex), and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrol Dose Pak 4mg #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, oral corticosteroids.

**Decision rationale:** The patient presents with pain and weakness in his neck, lower back and upper/ lower extremities. The request is for MEDROL DOSE PAK 4MG #1. Per 01/12/15 progress report, the patient is taking Pantoprazole, Cymbalta, imitrex, Medrol, dilaudid, Gabapentin, Quetiapine and Exalgo. Work statue is unknown. Regarding oral corticosteroids, ODG under its low back chapter states not recommended for chronic pain. "There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tarnar, 2012) ODG Low Back Chapter recommends in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. Medrol (methylprednisolone) tablets are not approved for pain." (FDA, 2013) In this case, the patient has been utilizing Medrol dose pak since at least 11/13/14. The treater does not indicate this medication's efficacy. This patient suffers from chronic low back pain. The requested Medrol Dose Pak is not indicated for this type of condition, as ODG recommends its use in some cases of acute radicular pain, but not for chronic pain. Therefore, the request IS NOT medically necessary.

**Imitrex 25mg #9:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/sumatriptan-oral-nasal.html>; Sumatriptan.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official disability guidelines, Head Chapter, Imitrex-Sumatriptan and Triptan.

**Decision rationale:** The patient presents with pain and weakness in his neck, lower back and upper/lower extremities. The request is for IMITREX 25MG #9. Per 01/12/15 progress report, the patient is taking Pantoprazole, Cymbalta, imitrex, Medrol, Dilaudid, Gabapentin, Quetiapine and Exalgo. Work statue is unknown. MTUS does not specifically address this medication. ODG, Head Chapter, Imitrex-Sumatriptan and Triptans, states, "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." In this case, the patient has been utilizing Imitrex since at least 09/18/14. The review of the reports indicates that the patient does have headaches. But treater does not indicate they are migraine headaches. There is no documentation of migraine headache's typical presentation, aura, and intermittent nature. Furthermore, the treater does not indicate how it is used with what effectiveness. MTUs page 60 require recording of pain

and functional when medications are used for chronic pain. The request IS NOT medically necessary.