

<b>Case Number:</b>	CM15-0050732		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	01/07/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/16/2015
<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: Indiana

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 57-year-old female, who sustained an industrial injury on January 7, 2011. She reported increasing migraine headaches and tingling and numbness of the upper and lower extremities. The injured worker was diagnosed as having closed head injury, shoulder cuff tear, knee contusion/strain, back pain, 5th metatarsal fracture and cervical strain. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the left hip and left shoulder, physical therapy, corticosteroid injections, medications, chiropractic care, Botox injections, epidural steroid injections, medications and work restrictions. Currently, the injured worker complains of increasing migraine headaches and tingling and numbness of the upper and lower extremities. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on February 20, 2015, revealed increasing migraine headaches since Botox injections were no longer covered. She reported a decrease in symptoms with Axert. It was renewed. Shoulder pain continued and a consultation for the left shoulder was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Axert 12.5mg quantity unspecified:** Upheld

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

**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:** MTUS and ACOEM are silent with regards to Axert (a triptan). Other guidelines were utilized. ODG states regarding triptans, "Recommended for migraine sufferers." The records presented for review indicate the prescription of Axert was for the treatment of migraines but there is insufficient documentation as to the dosage or the quantity requested. Therefore, the request is not medically necessary.

**Consultation for left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain; Office Visits.

**Decision rationale:** MTUS is silent regarding visits to an orthopedic specialist. ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." There is no documentation as to why there is a consultation for the left shoulder and what question or treatment the specialist can answer or provide that will benefit the employee. Therefore, the request for a consultation for the left shoulder is not medically necessary.