MAXIMUS Federal Services

Case Number:	CM15-0080786		
Date Assigned:	05/01/2015	Date of Injury:	11/01/2003
Decision Date:	06/02/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/27/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 38 year old female, who sustained an industrial injury on 11/01/2003. The mechanism of injury was not noted. The injured worker was diagnosed as having anxiety, depression, shoulder-hand syndrome, reflex sympathetic dystrophy of lower extremity, and shoulder joint pain. Treatment to date has included diagnostics, carpal tunnel release right hand 2004, spinal cord stimulator in 2006, mental health treatment, lumbar sympathetic block, and medications. Currently, the injured worker complains of severe pain in all extremities. She was having difficulty with activities of daily living. She was awaiting battery revision of spinal cord stimulator. She also reported jaw pain from bruxism, due to pain and stress, and she had migraines. Her pain was unresolved and unchanged, as was her functional level. Medications included Axert, Baclofen, Colace, Cymbalta, Ibuprofen, Imitrex, Lidoderm patches, Linzess, Lunesta, Miralax, Norco, Omeprazole, Percocet, Robaxin, Senna, Thermacare, and Trazadone. The treatment plan included medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 6mg/0.5ml subcutaneous solution #70.5 times 5 refills: 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 chapter, Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Imitrex drug information and preventive treatment of migraines in adults.

Decision rationale: A 2012 guideline from the American Academy of Neurology concluded beta blockers are as effective for migraine prevention. The records do not document the frequency of prior migraines or efficacy of this medication or side effects of this medication or why the worker requires both Axert and Imitrex for migraines. The records do not document medical necessity for Imitrex.

Axeril 12.5mg #7 times 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Axert drug information and preventive treatment of migraines in adults.

Decision rationale: A 2012 guideline from the American Academy of Neurology concluded beta blockers are as effective for migraine prevention. The records do not document the frequency of prior migraines or efficacy of this medication or side effects of this medication or why the worker requires both Axert and Imitrex for migraines. The records do not document medical necessity for Axert.

Ibuprofen 800mg #60 times 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 66-73.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2003. The medical course has included numerous diagnostic and treatment modalities including surgery and use of several medications. Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDS to justify use. The medical necessity of ibuprofen is not substantiated in the records.