MAXIMUS Federal Services

Case Number:	CM15-0085587		
Date Assigned:	05/08/2015	Date of Injury:	10/29/2009
Decision Date:	06/09/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/05/2015

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 59 year old female, who sustained an industrial injury on 10/29/09. The injured worker was diagnosed as having discogenic cervical condition with facet inflammation from C3-C5, impingement syndrome of left shoulder, impingement of right shoulder, discogenic lumbar condition with radiculopathy down lower extremities, internal derangement of right and left knee, fracture of left wrist, carpal tunnel syndrome, wrist joint inflammation and depression and sleep disorder due to chronic pain. Treatment to date has included cane for ambulation, hot and cold wrap, braces for wrists, TENS unit, knee injections, left shoulder injections and oral medications including opioids. (MRI) magnetic resonance imaging of right shoulder was performed on 3/14/15 and revealed old healed fracture, complete full-thickness tearing of the supraspinatus tendon, acromioclavicular and glenohumeral joint osteoarthritis, small subacromial-sub deltoid bursal effusion and slight glenohumeral joint effusion and a SLAP tear. Currently, the injured worker complains of pain in neck, left shoulder, scapula, clavicle, left knee patella, right wrist, right shoulder, scapula and clavicle and right knee patella. Physical exam noted tenderness along the knee on the left without instability, tenderness along the rotator cuff on the right with signs of impingement and tenderness along the carpal tunnel area. The treatment plan included an appeal for Flexeril, 10 panel urine screen, Morphine, Norco, Flexeril, Nalfon, Protonix, Neurontin, Ultram and Topamax, neck traction, x-ray of left knee, Hyalgan injections x 5 for left knee and cortisone injection for right knee, physiatry consultation and right shoulder surgery and injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Naproxen 550mg #60 is not medically necessary and appropriate.

Ultracet 37.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Ultracet 37.5mg #60 is not medically necessary and appropriate.

Maxalt 10mg #12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head, Triptans, page 221.

Decision rationale: Maxalt (Rizatriptan Benzoate), is prescribed only to patients with clear established diagnosis of migraine with or without aura; however, the safety and effectiveness of Maxalt have not been established for cluster headaches. If the patient has no response for the first migraine attack, diagnosis of migraine should be reconsidered. Maxalt is not indicated for the prevention of migraine attacks and is contraindicated for use in the management of basilar migraine and hemiplegia. Serious cardiac events, including some that have been fatal, have occurred following the use of Maxalt tablets. These events are extremely rare and most have been reported in patients with risk factors predictive of CAD. Events reported have included myocardial ischemia, myocardial infarction, arrhythmias, vasospasm, and cerebrovascular accidents. The patient has no confirmed diagnostic pathology on imaging study, electro-diagnostics or clinical examination to support treatment of migraines under review. There is no history of head trauma. There is no cervical spine MRI or EMG/NCV of the cervical spine and upper extremities remarkable for migraine etiology. There are no defined neurological deficits of the cervical spine and upper extremities to support for this medication. There are no submitted reports documenting functional improvement from treatment already rendered. The Maxalt 10mg #12 is not medically necessary and appropriate.