

Case Number:	CM15-0088008		
Date Assigned:	05/12/2015	Date of Injury:	11/12/2001
Decision Date:	06/19/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/07/2015

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: Family Practice

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 68-year-old female with an industrial injury dated 11/12/2001. The injured worker's diagnoses include status post cervical fusion, restless leg syndrome, lumbar spine radiculopathy, right knee pain, and migraine headache and muscle spasm. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 4/10/2015, the injured worker reported neck pain and decrease bilateral shoulder pain. The injured worker reported a 7/10 pain. Objective findings revealed cervical spine pain with extension, tenderness of trapezius with spasms, decrease grip strength in the hands, and decrease sensation at C6 dermatome. Some documents within the submitted medical records are difficult to decipher. Treatment plan consisted of medication refills, weight loss/diet, home exercise therapy and follow up appointment. The treating physician prescribed Imitrex tab 100mg #30 with no refills, Mirapex ER tab 1.5mg #30 with no refills and Norco tab 10/325mg #150 with no refills now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex tab 100mg #30 one tab po qd with no 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 (ODG), Head chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic migraine by Ivan Garza, MD, in UpToDate.com.

Decision rationale: This patient receives treatment for chronic pain, which is related to an industrial injury dated 11/12/2001. The patient's medical diagnoses include s/p cervical fusion with chronic neck pain, restless leg, right knee pain, s/p knee surgery, migraine headache, and muscle spasms. The patient has become opioid and barbiturate dependent. On physical exam, there are both motor and sensory deficits in the C6 root. Imitrex is a triptan, a family of medications that may be medically indicated for common migraine. The triptans can become habit forming and some patients may experience an increased number of migraines with regular use. The documentation does not state what the prescribed dose of the Imitrex is. There is no documentation of how effective the Imitrex is. If the 30 tabs requested is for a month's use, this would indicate the patient may have become dependent on this drug and the drug may be triggering rebound headache, a known side effect. Most important of all is the fact that this patient receives treatment for angina. Most authorities do not recommend using any triptan for these patients. Based on the documentation, Imitrex is not medically indicated.

Mirapex ER tab 1.5mg one tab qhs #30 with no 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 (ODG), Pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of restless legs syndrome/Willis-Ekbom disease in adults by Daniel Tarsey, MD in UpToDate.com.

Decision rationale: This patient receives treatment for chronic pain, which is related to an industrial injury dated 11/12/2001. The patient's medical diagnoses include s/p cervical fusion with chronic neck pain, restless leg, right knee pain, s/p knee surgery, migraine headache, and muscle spasms. The patient has become opioid and barbiturate dependent. On physical exam, there are both motor and sensory deficits in the C6 root. Mirapex may be medically indicated to treat both Parkinson's disease or restless legs syndrome. The documentation does not clearly indicate which diagnosis it is being used for, nor is there documentation if iron deficiency anemia has been ruled out. There is no documentation of any non-pharmacologic treatments tried and failed. There is little documentation about how effective the Mirapex is or what the actual daily dose is. There is no mention of any potential drug side effects either. Based on the documentation, Mirapex is not medically indicated.

Norco tab 10/325mg one po q 4-6 #150 with no refills (MED 60): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115, Chronic Pain Treatment Guidelines When to discontinue/continue opioids, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic pain, which is related to an industrial injury dated 11/12/2001. The patient's medical diagnoses include s/p cervical fusion with chronic neck pain, restless leg, right knee pain, s/p knee surgery, migraine headache, and muscle spasms. The patient has become opioid and barbiturate dependent. On physical exam, there are both motor and sensory deficits in the C6 root. This patient may be taking 40 to 60 mg of hydrocodone daily. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. Based on the documentation treatment with Norco is not medically indicated.