

Case Number:	CM14-0127243		
Date Assigned:	09/23/2014	Date of Injury:	05/24/2011
Decision Date:	10/24/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old female who reported an injury on 05/24/2011 due to repetitive actions of her neck, right shoulder, and arm. The injured worker's diagnoses include cervical disc disease, cervical radiculopathy, and intractable neck pain. Past medical treatment included a cervical epidural steroid injection on 02/21/2014 and 03/06/2014, neuromuscular stimulator, and medications. Diagnostic testing included an MRIs of the cervical spine done on 02/25/2012 and 09/10/2014. The injured worker underwent arthroscopic right shoulder decompression and distal clavicle resection on 08/07/2013. The injured worker complained on 04/12/2014 of pain to the neck that radiated to the right hand with numbness and tingling. The physical examination of the cervical spine revealed tenderness to the paraspinal and trapezius muscles and positive compression to the right shoulder. Medications included Norco 7.5/325 mg. The treatment plan was for 9 Imitrex 50 mg and 60 Norco 7.5/325 mg. The rationale for the request was not submitted. The Request for Authorization Form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 Imitrex 50mg: 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 (trauma, headaches, etc, not including stress and mental disorders)

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: The request for 9 Imitrex 50mg is not medically necessary. The injured worker complained of neck pain on 04/12/2014. The Official Disability Guidelines note Triptans, such as Imitrex, are 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. A poor response to one triptan does not predict a poor response to other agents in that class. There is a lack of documentation indicating the injured worker has migraines, as well as, detailing how often migraines occur. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore the request for 9 Imitrex 50mg is not medically necessary.

60 Norco 7.5/325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for 60 Norco 7.5/325 mg is not medically necessary. The injured worker complained on 04/12/2014 of pain to the neck that radiates to the right hand with numbness and tingling. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There is a lack of documentation the patient has improved functioning and pain with the use of the medication. There is a lack of documentation of a measured assessment of the injured worker's pain level. The documentation does not demonstrate the absence of side effects and aberrant behavior. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for 60 Norco 7.5/325 mg is not medically necessary.