

<b>Case Number:</b>	CM14-0134390		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	07/11/2006
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 52 year old female with a date of injury on 7/11/2006. Diagnoses include cervical degenerative disc disease, cervicalgia, insomnia, migraines, anxiety/depression, and shoulder impingement syndrome. Subjective findings show increased pain in the right shoulder and neck after a recent fall that resulted in a hand fracture. Further complaints are of insomnia, and migraine headaches, which seem to be cervicogenically triggered. Physical exam shows right shoulder impingement, cervical spine tenderness and decreased range of motion. Upper extremity reflexes were reduced as well as strength and sensation. Medications include Suboxone, Lexapro, Nortriptyline, Wellbutrin, Xanax, Maxalt, Motrin, Prilosec, and Colace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg, QTY: 30, with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/ GI RISK Page(s): 68-69.

**Decision rationale:** According to CA MTUS guidelines, a proton pump inhibitor (PPI) can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events.

Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDs. The ODG suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. This patient is on chronic NSAID therapy, and is using omeprazole for GI prophylaxis. Therefore, the use of omeprazole is consistent with guideline recommendations and is medically necessary.

**Xanax 0.5 mg, QTY: 60, with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

**Decision rationale:** CA MTUS guidelines do not recommend anxiolytics as first line therapy for stress-related conditions as they can lead to dependence and do not alter stressors or the individual's coping mechanisms. Benzodiazepines in particular are not recommended for long-term use because long-term efficacy is unproven. Most guidelines limit use to 4 weeks, due to dependence and tolerance that can occur within weeks. For this patient, there is reference to anxiety in the clinical records, but objective evidence or rationale is not present to support the chronic use of a benzodiazepine. Therefore, the request for Xanax is not medically necessary.

**Motrin 600 mg, QTY: 60, with 2 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**Decision rationale:** CA MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief, and appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. For this patient, moderate pain in the neck and upper extremities. Therefore, the requested Motrin is consistent with guideline recommendations, and the medical necessity is established.

**Maxalt 10 mg, QTY: 9, with 1 refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation DailyMed (<http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?id=75497>)

**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 ODG recommends triptans for migraine sufferers. For this patient there is not clear evidence that supports a migraine diagnosis. Furthermore, there is not documentation of the frequency or severity of headaches to support the request for Maxalt. Therefore, the medical necessity for Maxalt is not established at this time.