

Case Number:	CM14-0139013		
Date Assigned:	09/05/2014	Date of Injury:	05/11/2012
Decision Date:	10/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/27/2014

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 Internal Medicine and is licensed to practice in California. 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 35 year old female who was injured on 05/11/12 from a motor vehicle accident. The mechanism of injury is not documented in the clinical notes submitted for review. Since then, the injured worker has been experiencing progressive problem in the neck, spine, scapular, right shoulder and right arm discomfort. She has had extensive sessions of physical therapy and Botox injections with mild improvement. The presentation was consistent with neurogenic thoracic outlet syndrome, and eventually underwent right-sided thoracic outlet decompression on 06/17/14. Current diagnoses include bilateral thoracic outlet syndrome; mixed headache syndrome; chronic recurrent migraine, trauma related; T4 syndrome; C6-7 right sided facet pain; complex regional pain syndrome; hemangioma, spine; s/p thoracic outlet decompression surgery, right side with aggravation of post op pain. Clinical note dated 07/16/14 the injured worker still complains of neck, spine, scapular, right shoulder and right arm discomfort. She indicated feeling better than before the procedure, and her recurrent headache have completely disappeared since the procedure. Clinical note dated 07/29/14 indicated the injured worker still has episodes of severe pain and grayness of her right pinkie finger and the palm of her hand and other digits. Pain is less but still rated as 2-8/10 with meds. Clinical note dated 08/07/14 indicated the injured worker had surgery on 06/17/14 and was rear ended later that day, and this has aggravated her symptoms. The injured worker complains of severe pain. Pain less but still is rated as 8/10 with medications. She also reported sleeping poorly and doesn't feel rested after sleeping. She also complains of neck pain and some spasms on the left side. Physical examination revealed restricted cervical range of motion in left lateral rotation by 35%, to right 50%, flexion 50%, extension 25%. Motor strength is 4/5 in all large motor groups on right, and 5/5 on the left. Current medications include Hydrocodone 10/325mg, Trazodone 50mg, Topamax 75 mg, Tizanidine 4mg, and Midrin. Clinical note dated 08/27/14 indicated the

injured worker indicated she still experiences right neck and arm pain similar to what she had prior to surgery. Physical examination of the neck revealed incision is well healed. Upper extremity ultrasound shows normal waveforms and pressures. Plan of management is to continue physical therapy and home exercise programs. Previous request for Flector patches 1.3% #30, Trazodone 50mg #75, and Frova 2.5mg #20 were non-certified on 08/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patches 1.3%, #30: 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, Flector patch (Diclofenac Epolamine)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Flector Patch

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines, Flector patches are not recommended as a first-line treatment. Topical Diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with Diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. Physicians should measure transaminases periodically in patients receiving long-term therapy with Diclofenac. There is no indication that this monitoring has occurred. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. In addition, there is no data that substantiate Flector efficacy beyond two weeks. As such the request for Flector patches 1.3%, #30, is not medically necessary at this time.

Trazadone 50 mg, #75: 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 Official Disability Guidelines (ODG), Trazodone (Desyrel)

Decision rationale: As noted in the Official Disability Guidelines, Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. It is also noted that there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. In addition, clinical notes indicated that the injured worker is still sleeping poorly despite the use of Trazodone, indicating lack of efficacy of the medication. As such, the request for Trazodone 50mg #75 is not medically necessary.

Frova 2.5 mg, #20: 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, Triptans

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: As noted in the Official Disability Guidelines, triptans are recommended for migraine sufferers. All oral triptans are effective and well tolerated at marketed doses. However, clinical notes indicated that the injured worker is also taking Midrin, which is a medication used to relieve tension and migraine headaches. Therefore, the request for Frova 2.5mg, #20 is not medically necessary.