

<b>Case Number:</b>	CM14-0164513		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	11/06/1992
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Practice 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:

This is a 63-year-old female claimant who sustained a work injury on 11/6/92 involving the low back. She was diagnosed with failed back surgery syndrome of the cervical region, chronic lumbar pain and intractable migraines which were cervical in nature. Since at least June 2014, she had been on Norco and MS Contin for pain and Maxalt for headaches. A progress note on August 19, 2014 indicated the claimant had 5/10 pain. Sam findings were notable for tenderness to palpation in the para lumbar region. Headache symptoms were not mentioned at the time. She was continued on her MS Contin, Norco and Maxalt.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 30mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** According to the guidelines and morphine was least effective in treatment of chronic lumbar root pain management. It is not indicated for first-line therapy in neuropathic pain. Hope you're it's in general are really beneficial for mechanical and compressive etiologies.

They are not recommended for headaches. Continued use of MS Contin is not medically necessary.

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, there was no indication of Tylenol or NSAID failure. The continued use of Norco is not medically necessary.

**Maxalt #9:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation Head Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head and Triptans

**Decision rationale:** According to the guidelines, triptans such as Maxalt are recommended for migraine sufferers. Although Maxalt may be appropriate for this claimant's symptoms, description and headache response was not noted in the last visit prior to extending Maxalt use. Therefore, the continued use of Maxalt is not supported in the clinical notes and is not medically necessary.