

<b>Case Number:</b>	CM14-0212529		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	08/14/2008
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54-year-old male who reported an injury on 08/14/2008. The mechanism of injury was not provided. He was diagnosed with post traumatic headaches secondary to closed head trauma. His past treatments were noted to include physical therapy and medications. On 11/24/2014, the injured worker reported increasing complaints of tremors since his last evaluation. He also reported neck pain radiating into his head rated 7/10 without the use of medications and 4/10 to 7/10 with medications. Upon physical examination, he was noted to have no tenderness over the cervical spine and 5/5 strength in the upper extremities. His current medications were noted to include Norco 10/325 mg, Prevacid 30 mg, Motrin 800 mg, Lyrica 75 mg, and Imitrex 100 mg; however the frequencies were not provided. The treatment plan included to request authorization for reevaluation with a neurologist, continue medications, and a followup visit in 4 to 6 weeks. A request was submitted for Norco 10/325mg #90, Prevacid 30mg #30, Motrin 800mg #90, Imitrex 100mg #12, Norco 10/325mg #90 (DND until 12/21/14). However, the rationale was not provided. A Request for Authorization was submitted on 11/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. It is noted that the patient has been on the requested medication since at least 07/2014. The clinical documentation does indicate that the patient has pain relief with the use of the opioid. The injured worker was being monitored for aberrant drug behavior through urine drug screens. However, there was a lack of documentation of objective functional improvement. The request as submitted does not specify a frequency of use. Given the above, the request for Norco 10/325mg #90 is not medically necessary.

**Prevacid 30mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. The injured worker has been taking the requested medication since at least 07/2013. There is also a lack of clinical documentation that the injured worker was at risk for, or had a history of a gastrointestinal event and the efficacy was not provided. The request as submitted failed to include the frequency. Given the above, the request for Prevacid 30mg #30 is not medically necessary.

**Motrin 800mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-selective NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68..

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. It is noted the injured worker has been on Motrin since at least 07/2014, which exceeds short term use as referenced by the guidelines. There should be documentation of

objective functional improvement and an objective decrease in pain. There was a lack of documentation of objective functional improvement. The request as submitted failed to provide the frequency. Given the above information, the request for Motrin 800mg #90 is not medically necessary.

**Imitrex 100mg #12: 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 (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 Official Disability Guidelines recommend Imitrex for migraine headaches. It was noted that the patient has been on Imitrex since at least 07/2014. The clinical documentation submitted for review does not provide evidence of migraine headaches reported by the injured worker. The clinical documentation does indicate the injured worker has pain relief with medication use. Additionally, the request as submitted does not provide the frequency of the medication. Given the above information, the request is not medically necessary.

**Norco 10/325mg #90 (DND until 12/21/14: 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 California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. It is noted that the patient has been on the requested medication since at least 07/2014. The clinical documentation does indicate that the patient has pain relief with the use of the opioid. The injured worker was being monitored for aberrant drug behavior through urine drug screens. However, there was a lack of documentation of objective functional improvement. The request as submitted does not specify a frequency of use. Given the above, the request for Norco 10/325mg #90 (DND until 12/21/14 is not medically necessary.