

<b>Case Number:</b>	CM14-0056558		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/11/1994
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 52 year old female, who sustained an industrial injury on 2/11/1994. She reported immediate pain in arms and hands. The injured worker was diagnosed as having chronic pain syndrome, migraine headaches, myofascial pain and opiate tolerance. Treatment to date has included hand surgery, oral medications including opioids, topical medications, carpal tunnel injection and physical therapy. Currently, the injured worker complains of bilateral upper extremity pain. The injured worker states the pain is partially relieved with analgesic medications and injection therapy. Physical exam noted palpable taut bands and soft tissue dysfunction and spasm in temporalis, cervical paraspinal and upper extremity. The treatment plan included right and left median nerve blocks and refilling of medications including Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #90 with 3 refills:** 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): 78-88.

**Decision rationale:** The injured worker sustained a work related injury on 2/11/1994. The medical records provided indicate the diagnosis of chronic pain syndrome, migraine headaches, myofascial pain and opiate tolerance. Treatment to date has included hand surgery, oral medications including opioids, topical medications, carpal tunnel injection and physical therapy. The medical records provided for review do not indicate a medical necessity for Norco 10/325 mg #90 with 3 refills; the request is not medically necessary. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain; but the records indicate the injured worker has been using this medication at least since 12/03/2012. The MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; however, the medical records lacks documentation of the VAS score or pain levels The MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication; but to continue opioid treatment if the patient has returned to work, or if the patient has improved functioning and pain. However, although the medical records reported improvement with the use of this medication, there was no objective documentation of pain improvement or functional improvement, neither was there a documentation of less need for medications Besides, the medical records indicate she has not worker since 04/2014.

**Propranolol 40mg, #60 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guideline Centre. Headaches: diagnosis and management of headaches in young people and adults.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 28,Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 8. Decision based on Non-MTUS Citation; 1. National Clinical Guidelines Center: Headaches: Diagnosis and management of headaches in young people and adults.

**Decision rationale:** The injured worker sustained a work related injury on 2/11/1994. The medical records provided indicate the diagnosis of chronic pain syndrome, migraine headaches, myofascial pain and opiate tolerance. Treatment to date has included hand surgery, oral medications including opioids, topical medications, carpal tunnel injection and physical therapy. The medical records provided for review do not indicate a medical necessity for Propranolol 40mg, #60 with 3 refills; the request is not medically necessary. The medical records indicate the injured worker has been taking this medication for migraine since 2012; but the headaches have progressively worsened in frequency leading to two Emergency room visits for migraine within two months, despite the use of the medication. The MTUS and the Official Disability Guidelines are silent on Propranolol. Medscape recommends the prophylactic use of Propranolol for the treatment of migraine headaches, and to discontinue treatment if satisfactory response is not seen after 6 weeks.

**Senna 8.6mg, #120 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse: McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p. (44 references).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation National Guidelines Clearing House: Gastrointestinal disorders.

**Decision rationale:** The injured worker sustained a work related injury on 2/11/1994. The medical records provided indicate the diagnosis of chronic pain syndrome, migraine headaches, myofascial pain and opiate tolerance. Treatment to date has included hand surgery, oral medications including opioids, topical medications, carpal tunnel injection and physical therapy. The medical records provided for review do not indicate a medical necessity for: Senna 8.6mg, #120 with 3 refills. Senna is a stimulant laxative with the active ingredient Senokot used in the management of constipation. The MTUS recommends the prophylactic treatment of constipation in individuals on opioids. The medical records indicate the injured worker has been on long-term treatment with Opioids and has been on this medication at least since 2012. The National Guidelines clearing house states that excessive long-term use of stimulant laxatives (e.g., senna, bisacodyl) may be associated with the development of 'cathartic colon,' a poorly functioning colon caused by the chronic abuse of stimulant laxatives.. Besides, the Opiod medication is not medically necessary.

**Meclizine 25mg, #30 with 3 refills:** Overturned

**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; 1. Medscape: Meclizine; 1. National Clinical Guidelines Center: Headaches: Diagnosis and management of headaches in young people and adults.

**Decision rationale:** The injured worker sustained a work related injury on 2/11/1994. The medical records provided indicate the diagnosis of chronic pain syndrome, migraine headaches, myofascial pain and opiate tolerance. Treatment to date has included hand surgery, oral medications including opioids, topical medications, carpal tunnel injection and physical therapy. The medical records provided for review do indicate a medical necessity for Meclizine 25mg, #30 with 3 refills. Meclizine is a first generation antihistamine that acts centrally and peripherally to block nausea and vomiting. The MTUS and the Official Disability Guidelines are silent on meclizine, but Medscape recommends the use of antiemetics for treatment of the emesis (vomiting) associated with acute attack of migraine. The UK NICE clinical guideline 150 recommends prophylactic treatment of nausea and vomiting in a patient with migraine, even in the absence of nausea and vomiting.