

Case Number:	CM15-0011975		
Date Assigned:	01/29/2015	Date of Injury:	11/07/2013
Decision Date:	03/26/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/21/2015

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

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 53 year old male, who sustained an industrial injury on 11/07/2013. The diagnoses have included closed head injury, traumatic migraines, post traumatic seizure disorder, L4-L5 foraminal stenosis, C5-6 disc degenerative, bilateral cervical radiculopathy, left elbow contusion, right shoulder impingement, grade I spondylolisthesis L4-5, and right leg radiculopathy. Treatments to date have included lumbar epidural steroid injection and medications. Diagnostics to date have included CT scan of the head on 12/19/2014 which showed no significant abnormality. In a progress note dated 12/22/2014, the injured worker presented with complaints of neck pain with associated headaches that radiates down the bilateral shoulders, mid scapular region, and bilateral upper extremities and complaints of worsening lower back pain that radiates down the buttocks and bilateral lower extremities. The treating physician reported the injured worker has difficulty with falling and has been unable to walk due to worsening pain. Utilization Review determination on 12/26/2014 non-certified the request for Imitrex 50mg, Norco 10/325mg #120, Zofran 8mg #14, and Protonix 20mg #60 citing California Medical Treatment Utilization Schedule and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 50mg #9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head- Triptans

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official disability guidelines Head chapter, Sumatriptan

Decision rationale: This patient presents with neck pain, radiating down bilateral shoulders/upper extremities and lower back pain radiating into bilateral lower extremities. The treater has asked for IMITREX 50MG #90 on 12/22/14. Patient has been taking Sumatriptan since 7/29/14. Regarding Sumatriptan aka Imitrex, ODG Recommends for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. ODG further states: "Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class." The patient is temporarily totally disabled. In this case, the treater states that Sumatriptan is "helpful" in 7/29/14. Since then, however, the patient has been taking Sumatriptan for 4 months without documentation of effectiveness in pain relief or a noted increase in activities of daily living. Regarding medications for chronic pain, MTUS pg. 60 states treater must keep a record of pain and function. There is also lack of a clear diagnosis of migraine and the patient appears to suffer from cervicogenic headache for which Imitrex would not be indicated. The requested replay 40mg #60 is not considered medically necessary at this time. The request IS NOT medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91,93,78-80,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with neck pain, radiating down bilateral shoulders/upper extremities and lower back pain radiating into bilateral lower extremities. The treater has asked for NORCO 10/325MG #120 on 12/22/14. Patient has been taking Norco since 7/29/14. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient is temporarily totally disabled. In this case, the treater indicates a decrease in pain with current medications which include Norco, stating "it reduces the pain in his head and entire back" per 7/29/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or

change in work status attributed to the use of the opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.

Zofran 8mg #14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter-Antiemetics (for opioid nausea)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Ondansetron(Zofran)

Decision rationale: This patient presents with neck pain, radiating down bilateral shoulders/upper extremities and lower back pain radiating into bilateral lower extremities. The treater has asked for PROTONIX 20MG #60 on 12/22/14. The patient has ben taking Protonix since 7/29/14. Regarding PPIs, MTUS does not recommend routine prophylactic use along with NSAID unless GI risk assessment is provided that include age >65, concurrent use of ASA, anticoagulants, high dose NSAID, or history of bleeding ulcers, PUD, etc. The patient is temporarily totally disabled. In this case, current list of medications do include an NSAID. However, the treater does not provide GI assessment to warrant a prophylactic use of an PPI. The treater states that "pantaprazole helps with stomach" per 7/29/14 report, but no other documentation on the reports describes how the patient is doing with the PPI, and it's efficacy. The patient has been taking a PPI for 4 months. There are no documentation of any GI issues such as GERD, gastritis or PUD for which a PPI may be indicated. The request IS NOT medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with neck pain, radiating down bilateral shoulders/upper extremities and lower back pain radiating into bilateral lower extremities. The treater has asked for PROTONIX 20MG #60 on 12/22/14. The patient has ben taking Protonix since 7/29/14. Regarding PPIs, MTUS does not recommend routine prophylactic use along with NSAID unless GI risk assessment is provided that include age >65, concurrent use of ASA, anticoagulants, high dose NSAID, or history of bleeding ulcers, PUD, etc. The patient is temporarily totally disabled. In this case, current list of medications do include an NSAID. However, the treater does not provide GI assessment to warrant a prophylactic use of an PPI. The treater states that "pantaprazole helps with stomach" per 7/29/14 report, but no other

documentation on the reports describes how the patient is doing with the PPI, and it's efficacy. The patient has been taking a PPI for 4 months. There are no documentation of any GI issues such as GERD, gastritis or PUD for which a PPI may be indicated. The request IS NOT medically necessary.