

<b>Case Number:</b>	CM15-0013195		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	03/20/2012
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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, 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 44-year-old male who reported an injury on 03/20/2012. The mechanism of injury reportedly occurred when he was cutting a 2.5 inch EMT for a metal handrail, the 40 pound handrail section fell over and struck the top of his head with loss of consciousness. His diagnoses included degeneration of lumbosacral intervertebral disc, degeneration of cervical intervertebral disc, and cervical postlaminectomy syndrome. Medications included flector, Imitrex, lidocaine patch, meclizine, nortriptyline, omeprazole, Protonix, risperidone, Sulindac, tizanidine, tramadol, and trimethobenzamide. Surgical history included C4-5, C5-6 fusion. Diagnostic studies were not provided. Other therapies were not provided. On 12/03/2014, the patient complained of neck pain with a pain score of 7/10. On 01/09/2015, the patient was seen for headache, pain that radiated to the cervical spine and bilateral trapezius, and lumbar spine. Upon examination, there was tenderness noted over the midline of cervical spine. There was soft tissue tenderness noted over the glenohumeral joint of the left lower extremity and muscle tenderness noted over the trapezius of left upper extremity, deltoid of left upper extremity. The range of motion of the shoulder was within normal limits except for abduction which is limited to the left upper extremity. Internal rotation was limited to the left upper extremity. The treatment plan included medication refill. Diagnostic studies included an MRI of the cervical spine on 12/12/2014. The Request for Authorization was not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 2mg # 60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trizanidine Page(s): 68.

**Decision rationale:** The request for tizanidine 2 mg #60 with 2 refills is not supported. The injured worker has a history of headaches. The California MTUS Guidelines state that tizanidine is used to decrease pain associated with chronic myofascial pain syndrome and is recommended as a first line use option to treat myofascial pain. The note dated 12/03/2014 indicated the injured worker was prescribed tizanidine on that date. The note dated 11/05/2014 indicated the injured worker had been weaned for tizanidine. The restart or addition of tizanidine to the medication regimen was not provided within the documentation available for review. There is lack of documentation of therapeutic and functional benefit to continue use of tizanidine. It was also noted that the psychologist could not perform a valid neuropsychiatric evaluation on 11/05/2014 due to medications the injured worker was on. There is lack of documentation as to the frequency the medication is being received. The medical necessity has not been established based on the provided documentation. As such, the request is not medically necessary.

**Imitrex 50mg as needed # 9 with 1 refill: 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), Treatment Index, 11th Edition (web), 2014, Head & Neck

**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 request for Imitrex 50 mg as needed #9 with 1 refill is not supported. The injured worker has a history of headaches. The Official Disability Guidelines state that triptan is recommended for migraine sufferers. The injured worker was prescribed Imitrex on 11/05/2014. There is lack of documentation of functional benefit with ongoing use. There is lack of documentation as to the number of times the medication has been used on an as needed basis. There is lack of documentation of pain relief from migraines from said medication. There is lack of documentation as to the frequency the medication is to be used. The medical necessity has not been established based upon the provided documentation. As such, the request for Imitrex is not medically necessary.

**Nortriptyline 25mg (unknown qty) with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 15.

**Decision rationale:** The request for nortriptyline 25 mg unknown quantity with 1 refill is not supported. The injured worker has a history of headaches. The California MTUS Guidelines state that tricyclic antidepressants are recommended over SSRIs unless adverse reactions are a problem. The guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. It was noted that the patient has been on nortriptyline since 11/05/2014. There is lack of documentation of functional benefit for ongoing use. The note dated 01/09/2015 indicated the injured worker continues to be anxious. The psychologist was unable to do an evaluation due to medications. There is lack of documentation of the quantity and frequency within the request. Medical necessity has not been established based on the provided documentation. As such, the request for nortriptyline 25 mg unknown quantity with 1 refill 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

**Decision rationale:** The request for Protonix 20 mg #60 is not supported. The injured worker has a history of headaches. The California MTUS Guidelines state that proton pump inhibitors are used for patients with gastrointestinal events over the age of 65 or have a history of peptic ulcer, GI bleed, or perforation. The documentation noted that the injured worker uses omeprazole and Protonix. There is lack of documentation for the medical necessity of both medications. The medical necessity has not been established based on the provided documentation. There is a lack of documentation as to the frequency the medication is to be used. As such, the request for Protonix 20 mg #60 is not medically necessary.