

<b>Case Number:</b>	CM15-0113588		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 male, who sustained an industrial injury on 08/29/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical myoligamentous injury with right upper extremity radiculopathy, right carpal tunnel syndrome, status post right shoulder arthroscopy, ulnar nerve entrapment at the right elbow and wrist, status post right knee arthroscopy, and medication induced gastritis. Treatment and diagnostic studies to date has included carotid duplex study, electromyogram with nerve conduction study, laboratory studies, extracorporeal shockwave treatment, physical therapy, status post arthroscopic right knee surgery, x-rays of the right knee, medication regimen, trigger point injections to the cervical region, magnetic resonance imaging of the cervical spine, cervical epidural injections, magnetic resonance imaging of the right knee, right shoulder arthrogram, magnetic resonance imaging of the right shoulder, and magnetic resonance imaging of the bilateral wrists. In a progress note dated 05/11/2015 the treating physician reports complaints of continued pain to the right knee and neck with cervicogenic headaches and radicular symptoms to the right upper extremity. The injured worker's current medication regimen includes Norco, Anaprox, Prilosec, and Ultracet. The injured worker's pain level is rated 8 on a scale of 0 to 10 to the right knee and a 5 out of 10 to the cervical region, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the his medication regimen. The treating physician noted that the injured worker had a 60% improvement from cervical epidural injection performed on 08/12/2013 that has lasted three months. The treating physician

also indicated that the injured worker has an increase in pain and is not able to function without use of his current medication regimen. The progress report also notes that the injured worker is able to participate with his home exercise program with less pain with use of his medication regimen, and is able to decrease the amount of Norco used secondary to Ultracet use. The treating physician requested the medication Imitrex 100 mg with a quantity of 90 for severe headaches that are noted to turn into migrainous headaches. The treating physician requested the medication Ultracet 37.5/325mg with a quantity of 60 noting current use of this medication as noted above and also noting this medication will be used for his chronic pain condition as needed. The treating physician also requested the medication regimen Prilosec 20mg with a quantity of 60 noting current use of this medication for treatment of gastrointestinal symptoms that were indicated to have decreased secondary to use of Prilosec.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective Prilosec 20 mg bid prn #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk- pages 68-69 Page(s): 68-69. Decision based on Non-MTUS Citation <http://www.drugs.com/dosage/prilosec.html>.

**Decision rationale:** Retrospective Prilosec 20 mg bid prn #60 is not medically necessary per the MTUS Guidelines and an online review of Prilosec. The MTUS guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. An online review of this medication indicates that Prilosec at the dose of 40mg daily is for a diagnosis of gastric ulcer which is not clear in the documentation. Therefore the request for retrospective Prilosec 20 mg bid prn #60 is not medically necessary.

#### **Retrospective Imitrex 100 mg 1 qd for severe headache #90: Upheld**

**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 Official Disability Guidelines (ODG) Head-Triptsans and Other Medical Treatment Guidelines <http://www.drugs.com/pro/imitrex.html>.

**Decision rationale:** Retrospective Imitrex 100 mg 1 qd for severe headache #90 is not medically necessary per the ODG and an online review of this medication. The ODG states that Imitrex is

recommended for migraine sufferers. An online review of Imitrex states that overuse of acute migraine drugs (e.g., ergotamine, triptans, opioids, or combination of these drugs for 10 or more days per month) may lead to exacerbation of headache (medication overuse headache). Medication overuse headache may present as migraine-like daily headaches or as a marked increase in frequency of migraine attacks. Detoxification of patients, including withdrawal of the overused drugs, and treatment of withdrawal symptoms (which often includes a transient worsening of headache) may be necessary. The documentation indicates that the patient has been on long term Imitrex and opioids. It is not clear on the efficacy that Imitrex is having for this patient and why ninety pills are necessary as the prescribing information for this medication indicates that the safety of treating an average of more than 4 headaches in a 30-day period has not been established. The request for Imitrex is not medically necessary.

**Retrospective Ultracet 37.5/325 mg bid #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Opioids, specific drug list.

**Decision rationale:** Retrospective Ultracet 37.5/325 mg bid #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment as recommended by the MTUS. Furthermore the ODG states that Ultracet is indicated for short term use: 5 days in acute pain management. The documentation indicates that the patient has been using this medication long term and there is not clear indication that this medication has had a significant reduction in pain or significant objective increase in function on long term opioids. The request for Ultracet is not medically necessary.