

Case Number:	CM15-0116725		
Date Assigned:	06/24/2015	Date of Injury:	01/20/1999
Decision Date:	08/19/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/16/2015

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: 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:

This is a 50 year old female with a January 20, 1999 date of injury. A progress note dated May 27, 2015 documents subjective complaints (chronic neck and back pain rated at a level of 7/10 with medications and 10/10 without medications; lower back pain radiating to both legs; posterior neck pain radiating to both shoulders; bilateral knee and ankle pain), objective findings (severe pain and spasms to touch and with movement along the entire cervical spine; left greater than right neck pain; decreased range of motion of the cervical spine secondary to spasms; severe pain across the lumbosacral area extending to the sacroiliac joints; positive straight leg raise bilaterally; decreased range of motion of the lumbar spine; positive crepitus of the bilateral knees; pain in the medial and lateral aspects of the bilateral knees; left knee worse than right knee; left ankle is painful and numb; dysesthesia and hypoesthesia over the bilateral arms and legs posterolateral to feet), and current diagnoses (cervicalgia; lumbar post laminectomy syndrome; thoracic or lumbosacral neuritis or radiculitis; lumbago; myalgia and myositis; chronic pain syndrome; brachial neuritis or radiculitis; internal derangement of the knee; knee pain; ankle pain). Treatments to date have included cervical spine fusion, lumbar spine surgery, shoulder surgery, medications, ice, heat, rest, gentle stretching, exercise, computed tomography scan of the cervical spine on May 31, 2013 that showed degenerative change at C6-7, minimal spinal stenosis and bilateral foraminal stenosis, magnetic resonance imaging of the cervical spine on November 22, 2009 that showed midline disc protrusion at C6-7 and moderate foraminal stenosis, and magnetic resonance imaging of the lumbar spine on April 2, 2006 that showed diffuse disc bulges and facet arthrosis throughout with bilateral foraminal narrowing. The medical record indicates that medications help control the pain, and allow the injured worker to complete necessary activities of daily living. The treating physician documented a plan of care that included Zomig, Percocet, Dilaudid, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zomig 5mg nasal spray #12, twice a day with no refills: 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, Triptans.

Decision rationale: Zomig is a triptan. Triptans are recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. 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. Although triptans are recommended in the Official Disability Guidelines, the medical records do not indicate that the patient's headaches are migraine in origin, or that migraines are a contributor to the occupational injury. Zomig 5mg nasal spray #12, twice a day with no refills is not medically necessary.

Percocet 10/325mg #60 with no refills, one tab by mouth twice a day: 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 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Percocet, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 18 months. Percocet 10/325mg #60 with no refills is not medically necessary.

Dilaudid 2mg #30 with no refills, one by mouth at bedtime: 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 Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. Dilaudid 2mg #30 with no refills is not medically necessary.

Soma 350mg #90 with no refills: 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 Page(s): 29.

Decision rationale: The MTUS states that Soma is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to Carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose Carisoprodol and there is no standard treatment regimen for patients with known dependence. Soma 350mg #90 is not medically necessary.