

<b>Case Number:</b>	CM15-0123000		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 46-year-old male, who sustained an industrial injury on 12/16/13. Initial complaints were not reviewed. The injured worker was diagnosed as having; lumbar discopathy; internal derangement of the right shoulder; cervical discopathy/cervicalgia; headaches; dizziness. Treatment to date has included physical therapy; acupuncture; medications. Currently, the PR-2 notes dated 5/29/15 indicated the injured worker was in the office for evaluation and treatment. He reports he is working full time and also reports his medications have been denied. The provider notes the medications Nortriptyline 20mg and Fioricet take care of his headaches almost completely. He is also prescribed Imitrex 50mg for the headaches that are migraines. They occur about three times a month. This note does not offer any further prior, current treatment or physical examination. We have used the PR-2 note dated 4/29/15 for additional clinical information. This note indicates the injured worker was seen for an orthopedic re-evaluation. There is constant pain in the cervical spine that is aggravated by repetitive motions of neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. The pain is characterized as sharp. There is radiation of pain into the right upper extremity. There are associated headaches that are migrainous in nature as well as tension between the shoulder blades. The injured worker is reporting the pain is worsening rated at 7/10. There is frequent pain in the right shoulder that is aggravated by forward reaching, lifting, pushing, pulling and working at or above the shoulder level. There is pain characterized as throbbing that radiates down the arm. The pain is rated 8/12. There is constant pain in the low back aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting or standing and walking. IT is characterized as sharp with radiation down into the left lower extremity with associated tingling and numbness rated at 7/10. On physical examination of the cervical spine, palpable paravertebral muscle tenderness with spasm is noted. There is a positive axial loading compression test with extension of symptomology in the right upper extremity. Spurling's

maneuver is positive on the right with a +/- C5 roots and dermatome. Suboccipital tenderness and cervicalgia is noted with range of motion limited due to pain. There is tingling and numbness into the anterolateral shoulder and arm and lateral forearm and hand, greatest over the thumb which correlates with a C5-C6 dermatomal pattern. There is 4/5 strength in the deltoid, biceps and wrist extensors, C5 and C6 innervated muscles. The right shoulder exam notes tenderness around the anterior glenohumeral region and subacromial space with a positive Hawkin's and impingement sign. He notes discomfort over the top of the acromioclavicular joint and range of motion reproduces the symptoms with internal rotation and forward flexion. The lumbar spine examination notes pain and tenderness right across the iliac crest into the lumbosacral spine. Radicular pain component in the left lower extremity is noted. This appears to be in the S1 root with some L5 dermatomal overlap. Seated nerve test is positive. Range of motion standing flexion and extension are guarded and restricted. For sensation and strength, there is tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot which correlate with an L5-S1 dermatomal pattern. The provider's treatment plan included Imitrex 50mg #30 and Fioricet three times a day #90.

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

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

**Imitrex 50mg #30:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, imitrex.

**Decision rationale:** The California MTUS, ODG and ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of migraine headaches. The patient has migraine headaches with no clinical contraindications to taking the medication. Therefore the request is medically necessary.

**Fioricet 3 times a day #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BCA Page(s): 23.

**Decision rationale:** The California MTUS section on firocet states: Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. The requested medication is not recommended per the California MTUS and therefore the request is not medically necessary.