

Case Number:	CM15-0123175		
Date Assigned:	07/07/2015	Date of Injury:	09/18/1997
Decision Date:	08/04/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/26/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 36 year old male, who sustained an industrial injury on September 18, 1997. Treatment to date has included opioid medications, TENS unit, physical therapy, and medical marijuana. Currently, the injured worker complains of neck, head and low back pain. He reports radiation of low back pain into the right leg. The injured worker was using morphine which provides some pain relief; however, the morphine leaves him very sedated and agitated during the day. He currently uses Norco for pain and also uses medical marijuana. He reports that his low back pain continues and is worse with lifting and prolonged standing and sitting. He reports frequent headaches. A TENS unit provided 50% decrease in pain and this allows him to sit for longer periods of time and sleep more comfortably. On physical examination the injured worker's gait is without abnormality. He has normal muscle tone in the bilateral upper extremities and the bilateral lower extremities. He has spasms and guarding upon examination of the lumbar spine. The diagnoses associated with the request include neck pain, sciatica, headache and long term use medications. The treatment plan includes urine drug screen, resume physical therapy, continued Norco, atenolol for headache prophylaxis, and Imitrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atenolol 25mg (for headaches), #30: 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 13th Edition (Web) 2015, Head - Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Atenolol: <http://reference.medscape.com/drug/tenormin-atenolol-342356>.

Decision rationale: Atenolol is a beta blocker used to treat HTN, arrhythmia and coronary artery disease. It could be used for migraine prevention. There is no clear justification for the use of atenolol in this case. The patient files do not document any of the above conditions and the patient headache is not well characterized. Therefore, the request for Atenolol 25mg (for headaches), #30 is not medically necessary.

Imitrex 25mg, #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 (ODG): Treatment Index 13th Edition (Web) 2015, Head - Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Migraine Headache Medication. <http://emedicine.medscape.com/article/1142556-medication#2>.

Decision rationale: Imitrex is a Triptan used as abortive medication for moderately severe to severe migraine headaches. There is no clear documentation on the nature of the patient's migraine headaches. In addition, there is no rationale behind the request of Imitrex since the patient continues using Atenolo. Therefore, the request for Imitrex 25mg is not medically necessary.

Norco 10/325mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids:

pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug- related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for a long time without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. In addition, the patient has been taking simultaneously medical marijuana. Therefore, the prescription of Norco 10/325mg #100 is not medically necessary.