

Case Number:	CM15-0125601		
Date Assigned:	07/10/2015	Date of Injury:	07/31/2000
Decision Date:	08/05/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/29/2015

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: 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 64 year old female with an industrial injury dated 07/31/2000. The injured worker's diagnoses include history of anterior and posterior cervical spine fusion from C4-C7 with chronic neck pain, muscle spasms, neuropathic burning pain across the neck and shoulder girdle areas with frequent cervical tension headaches and migraine headaches related to neck injury. Treatment consisted of post-operative Electromyography (EMG) / nerve studies in the left upper extremity, postoperative Computed tomography and Magnetic Resonance Imaging (MRI) of the cervical spine, prescribed medications, and periodic follow up visits. In a progress note dated 12/16/2014, the injured worker reported constant neck pain, frequent headaches, muscle spasms, and burning sensation across shoulders. The injured worker also reported that she cannot function without her medication course. Documentation noted that the injured worker attempted to try to wean down further on her pain medication dependency with Norco but could not function without 5 tablets per day. The injured worker rated current pain a 9/10, at best a 4/10 and 10/10 without medications. Objective findings revealed limited neck range in all planes, neck pain radiating to left shoulder blade with cervical compression, and muscle spasm to palpitation in the cervical paraspinal and cervical trapezius muscles with loss of cervical lordotic curvature secondary to intrinsic muscle spasm. The treating physician noted that the injured worker reported altered sensory loss to light touch and pinprick in the left upper extremity in the lateral aspect of the forearm and dorsum of the hand. The treating physician prescribed Norco 10/325mg quantity 180 and Maxalt MLT 10mg quantity 10 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; page(s) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury of 2000. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Norco 10/325mg quantity 180 is not medically necessary or appropriate.

Maxalt MLT 10mg quantity 10: Upheld

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, Rizatriptan (Maxalt).

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, page 221.

Decision rationale: Maxalt (Rizatriptan Benzoate) is prescribed only to patients with clear established diagnosis of migraine with or without aura; however, the safety and effectiveness of Maxalt have not been established for cluster headaches. If the patient has no response for the first migraine attack, diagnosis of migraine should be reconsidered. Maxalt is not indicated for the prevention of migraine attacks and is contraindicated for use in the management of basilar migraine and hemiplegia. Serious cardiac events, including some that have been fatal, have occurred following the use of Maxalt tablets. These events are extremely rare and most have been reported in patients with risk factors predictive of CAD. Events reported have included myocardial ischemia, myocardial infarction, arrhythmias, vasospasm, and cerebrovascular accidents. The patient has no confirmed diagnostic pathology on imaging study or clinical examination to support treatment of migraines under review. There is no

history of head trauma. There are no submitted reports documenting functional improvement from treatment already rendered. The Maxalt MLT 10mg quantity 10 is not medically necessary or appropriate.