

Case Number:	CM15-0178419		
Date Assigned:	09/18/2015	Date of Injury:	02/05/2014
Decision Date:	10/27/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/10/2015

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 53 year old male, who sustained an industrial injury on 2-5-2014. The medical records indicate that the injured worker is undergoing treatment for neck sprain-strain, headaches, and lumbosacral sprain-strain. According to the progress report dated 4-6-2015, the injured worker presented with complaints of constant daily, unrelenting headaches, dull, achy neck pain, intermittent back pain, right foot pain, and stress, anxiety, and depression related to the pain. The level of pain is not rated. The physical examination of the cervical spine reveals tenderness to palpation with spasms over the over the paravertebral muscles, restricted and painful range of motion, and positive shoulder decompression test. Examination of the lumbar spine reveals tenderness to palpation with spasms over the paravertebral muscles. He has moderate-to-severe pain with motion. Positive Kemp's test bilaterally. There is documentation of ongoing treatment with Imitrex since at least 3-9-2015. The records do not indicate when the Sonata and Fioricet was originally prescribed. Previous diagnostic studies include MRI studies. Treatments to date include medication management, physical therapy, chiropractic, acupuncture, and facet medial branch block. Work status is described as off work. The original utilization review (8-14-2015) had non-certified a request for Sonata, Fioricet, and Imitrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10 mg Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option inpatients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is no provided clinical documentation of failure of sleep hygiene measures/counseling. Therefore the request is not medically necessary.

Fioricet, Qty 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Barbiturate containing analgesic agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

Decision rationale: The California MTUS section on the requested medication states: Barbiturate-containing analgesic agents (BCAs) 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. (Friedman, 1987) The medication is not a recommended treatment. There is no objective improvements in pain and function due to the medication in the documentation. Therefore the request is not medically necessary.

Imitrex 50 mg Qty 36: 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 - 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 and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of acute migraine. The patient has the diagnosis of headaches but no details to indicate they are migraines. Therefore the request is not medically necessary.