

<b>Case Number:</b>	CM15-0064219		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	06/19/2003
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Indiana

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:

The injured worker is a 49 year old female, who sustained an industrial injury on 06/19/2003. She reported neck and upper back symptoms. Treatment to date has included MRI, medications and trigger point injections. According to a progress report dated 03/03/2015, the injured was seen for neck pain and upper back pain with pain up to the occipital area. Pain level was rated 4 on a scale of 1-10. Activity level was rate 3/5. Sleep was poor. Diagnoses included chronic cervicgia and upper back pain with exacerbations secondary to myofascial pain syndrome, cervicogenic headache and cervical spine degenerative disc disease. Treatment plan included Morphine Sulfate IR, Valium, Trazadone, Meloxicam and Imitrex and continued use of home TENS unit. A trigger point injection was performed. The injured worker was not employed or working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine IR 15mg tabs #60:** 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 Opioids Page(s): 74-96.

**Decision rationale:** Morphine Sulfate is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such the request is not medically necessary.

**Valium 5mg tabs #45:** 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 Benzodiazepines Page(s): 24.

**Decision rationale:** Valium is the brand name version of diazepam, a benzodiazepine. MTUS states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Records indicate that the patient has been on Valium previously for an unspecified amount of time. The treating physician does not indicate any extenuating circumstances for way this patient should continue to be on Valium. As such, the request is not medically necessary.

**Imitrex 100mg tabs:** 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:** MTUS and ACOEM are silent with regards to Sumatriptan (Imitrex). Other guidelines were utilized. ODG states regarding sumatriptan, "recommended for migraine

sufferers." The records presented for review indicate the prescription of Sumatriptan was for the treatment of migraines but they do not document the diagnosis of migraines. They indicate that the headaches are directly related to cervical pain and increase with an increase of that pain. This would indicate that the headaches are cervicogenic in nature and would not require the use of, nor benefit from, a serotonin 5-HT 1 receptor agonist. Additionally, there is no specified quantity for the Imitrex. Therefore the request is deemed not medically necessary.