

Case Number:	CM15-0069725		
Date Assigned:	04/17/2015	Date of Injury:	06/17/2011
Decision Date:	05/20/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/13/2015

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:
Texas, New York, California
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 applicant is a represented 41-year-old who has filed a claim for chronic shoulder and neck pain reportedly associated with an industrial injury of June 7, 2011. In a utilization review report dated April 7, 2015, the claims administrator failed to approve a request for Imitrex, Relafen, and Norco. An RFA form received on March 9, 2015 was referenced in the determination, as was the progress notes of February 26, 2015 and December 2, 2014. The applicant's attorney subsequently appealed. In a progress note dated January 30, 2015, the applicant reported ongoing complaints of shoulder pain status post earlier shoulder surgery on January 13, 2015. The applicant was given prescriptions for Norco, Imitrex, Relafen, and Biofreeze. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place. The applicant was described as having cervicogenic headaches, neck pain, upper extremity pain, cervical radiculopathy, ulnar neuropathy status post ulnar nerve transposition surgery, and chronic bilateral shoulder pain status post earlier left and right shoulder surgeries. On February 3, 2015, the applicant was described as doing well status post earlier left shoulder arthroscopy of January 2, 2015. On February 26, 2015, the applicant reported ongoing complaints of headaches, three to four times a week. The applicant acknowledged that Imitrex was not adequately controlling his headaches. The applicant's medication list included Relafen, Norco, Topamax, Imitrex, and Biofreeze. The applicant reported lower

extremity paresthesias associated with diabetic neuropathy. The attending provider stated that the applicant had migraine-type headaches with associated photophobia and auras. The attending provider seemingly suggested that Imitrex was beneficial in another section of the note. The attending provider suggested that the applicant employ Norco on top of Imitrex if Imitrex alone was not adequately controlling the applicant's headaches. Relafen and Norco were also renewed. The applicant's permanent work restrictions were also renewed. With the exception of Imitrex, little-to-no discussion of medication efficacy transpired. On March 6, 2015, the applicant reported ongoing issues of depression with associated Global Assessment of Functioning (GAF) of 50. The applicant did apparently express some suicidal ideation.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 Tablets of Imitrex 50mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation U.S. Food and Drug Administration, PRESCRIBING INFORMATION, 2 IMITREX®, 3 (sumatriptan succinate), 4 Tablets, 173 INDICATIONS AND USAGE, 174 IMITREX Tablets are indicated for the acute treatment of migraine attacks with or without 175 aura in adults.

Decision rationale: Yes, the request for Imitrex was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 47, it is incumbent on an attending provider to incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed into his choice of recommendations. Here, the attending provider has suggested that ongoing usage of Imitrex has attenuated the applicant's symptoms of migraine headaches. The Food and Drug Administration (FDA) notes that Imitrex is indicated in the treatment of acute migraine headaches with or without aura. Here, the applicant did in fact have symptoms suggestive of intermittent bouts of migraines, including headaches with photophobia and an aura. The attending provider did suggest that as-needed usage of Imitrex had attenuated the applicant's migraine headache symptoms if and when they arose. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

60 Tablets of Relafen 750mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Conversely, the request for Relafen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Relafen do represent the traditional first-line of treatment for various

chronic pain conditions, including the chronic neck and shoulder pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, unlike the request for Imitrex, the attending provider failed to outline how (or if) ongoing usage of Relafen had or had not proven beneficial here. The applicant had seemingly failed to return to work, it was acknowledged on multiple progress notes, referenced above. Permanent work restrictions were renewed, unchanged, from visit to visit, despite ongoing Relafen usage. Ongoing usage of Relafen failed to curtail the applicant's dependence on opioid agents such as Norco, which the applicant was using at a rate of twice daily. Finally, the attending provider's February 26, 2015 progress note failed to outline any meaningful or material improvements in function (if any) effected as a result of ongoing Relafen usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of the same. Therefore, the request was not medically necessary.

60 Tablets of Norco 10-325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was suggested above. The February 26, 2015 progress note failed to outline any quantifiable decrements in pain or material improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider, rather, suggested that the applicant was having difficulty performing activities of daily living as basic as standing and walking. While it was acknowledged that some of the applicant's symptoms and constraints were a function of psychopathology, depression, and/or diabetic neuropathy as opposed to chronic neck and shoulder pain, the attending provider nevertheless failed to outline meaningful or significant improvements in function needed to justify continuation of opioid therapy and Norco. Therefore, the request was not medically necessary.