

<b>Case Number:</b>	CM15-0076323		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	06/22/2003
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 71 year old female with an industrial injury dated 06/22/2003 resulting in a back injury. Her diagnoses included thoracic strain with herniated/protruded disc, lumbar strain with lumbar radiculopathy, status post lumbar surgery 01/04, cervical strain, depression, cervicogenic headaches and constipation from pain medication use. She presents on 03/03/2015 with complaints of low and mid back pain, headaches, neck pain, depression and constipation. Physical exam showed slow gait with a flexed forward posture. There was slight to moderate tenderness and spasm noted in the paralumbar region. There was moderate muscle spasm of the parathoracic muscles from thoracic 3-12 bilaterally. There was tenderness from the thoracic 4-10 region. There was no spasm or tenderness in the cervical spine. Diagnostics included MRI of lumbar spine, electro diagnostic studies and MRI of the cervical spine. Medical history included lymphoma with chemotherapy. The treatment plan included Norco for breakthrough or intense pain, Trazodone for chronic pain and sleep difficulty, Imitrex for headaches, Lidoderm patches, Senokot for constipation and Zantac for stomach upset. She also was to continue home exercises and stretching as tolerated, use wheeled walker and follow up in 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senokot #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of rescue opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The patient is currently on opioid therapy. The use of constipation measures is advised per the California MTUS. The requested medication is used in the treatment of constipation. Therefore the request is medically necessary.

**Trazodone 50mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 in patients with coexisting depression. The patient has the diagnosis of depression and insomnia. Therefore the medication is indicated per the ODG and the request is medically necessary.

**Imitrex 100mg #12:** 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), Head Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, Imitrex.

**Decision rationale:** The ACOEM, California MTUS and ODG do not specifically address the requested medication. The physician desk reference, states the requested medication is a first line treatment option for migraine headaches. The patient has the diagnosis of cervcogenic headaches and not true migraine headaches. Therefore the request is not medically necessary.