

<b>Case Number:</b>	CM15-0077557		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	01/22/2009
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 33-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 22, 2009. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve requests for Percocet, Amrix, and Imitrex. The claims administrator referenced a RFA form received on March 24, 2015 in its determination. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated February 17, 2015, the medical-legal evaluator noted that the applicant had ongoing complaints of low back and neck pain status post multiple prior spine surgeries. The applicant did also apparently have derivative complaints of migraine headaches. The applicant's medication list included Topamax, Inderal, Percocet, Xanax, Motrin, Adderall, and Imitrex. The applicant was still smoking half pack a day despite having had an earlier heart attack. In one section of the note, it was stated that the applicant was not working after having been given a 34% person whole-person impairment rating. The applicant was described as a qualified injured worker in one section of the note. In another section of the note, the attending provider stated that the applicant's injections had helped him significantly and/or allowed him to return to work. Reporting of the applicant's work status, thus, was internally inconsistent. Toward the bottom of the report, however, it was suggested that the applicant was not, in fact, working. On January 20, 2015, the applicant's psychiatrist suggested continuing Topamax, Xanax, and Adderall. On January 6, 2015, the applicant's primary treating provider (PTP), a pain management physician, noted that the applicant had 8/10 pain complaints, exacerbated by activities as basic as sitting and standing. The applicant on Imitrex, Inderal, and Norco, it was acknowledged. The applicant was

still smoking, it was acknowledged. Inderal, Imitrex, and Percocet were endorsed. Norco was discontinued on the grounds that the applicant felt that Norco was causing wheezing. Trigger point injection therapy was sought. The applicant's work status was not furnished, although it did not appear that the applicant was working.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Percocet 10/325mg #150: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid hyperalgesia Page(s): 96.

**Decision rationale:** The applicant is a represented 33-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 22, 2009. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve requests for Percocet, Amrix, and Imitrex. The claims administrator referenced a RFA form received on March 24, 2015 in its determination. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated February 17, 2015, the medical-legal evaluator noted that the applicant had ongoing complaints of low back and neck pain status post multiple prior spine surgeries. The applicant did also apparently have derivative complaints of migraine headaches. The applicant's medication list included Topamax, Inderal, Percocet, Xanax, Motrin, Adderall, and Imitrex. The applicant was still smoking half pack a day despite having had an earlier heart attack. In one section of the note, it was stated that the applicant was not working after having been given a 34% person whole-person impairment rating. The applicant was described as a qualified injured worker in one section of the note. In another section of the note, the attending provider stated that the applicant's injections had helped him significantly and/or allowed him to return to work. Reporting of the applicant's work status, thus, was internally inconsistent. Toward the bottom of the report, however, it was suggested that the applicant was not, in fact, working. On January 20, 2015, the applicant's psychiatrist suggested continuing Topamax, Xanax, and Adderall. On January 6, 2015, the applicant's primary treating provider (PTP), a pain management physician, noted that the applicant had 8/10 pain complaints, exacerbated by activities as basic as sitting and standing. The applicant on Imitrex, Inderal, and Norco, it was acknowledged. The applicant was still smoking, it was acknowledged. Inderal, Imitrex, and Percocet were endorsed. Norco was discontinued on the grounds that the applicant felt that Norco was causing wheezing. Trigger point injection therapy was sought. The applicant's work status was not furnished, although it did not appear that the applicant was working.

#### **Amrix 30mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** Conversely, the request for Amrix (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Amrix) to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Percocet and Imitrex. It is further noted that the 60-tablet supply of Amrix represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Imitrex 25mg #9:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/imitrex-drug/indications-dosage.htm>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation U.S. Food and Drug Administration, 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:** Finally, the request for Imitrex was medically necessary, medically appropriate, and indicated here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines notes that an attending provider's choice of pharmacotherapy should be based on the type of pain to be treated and/or pain mechanism involved. The Food and Drug Administration (FDA) notes that Imitrex is indicated in the acute treatment of migraine headaches with or without aura. Here, the applicant's primary treating provider (PTP) noted on January 6, 2015 that the applicant was to continue Imitrex on an as-needed basis for migraine headaches. The applicant's medical-legal evaluator reported on February 17, 2015 that the applicant was experiencing on an off issues with migraine headaches. P.r.n. usage of Imitrex, thus, was indicated on or around the date in question. Therefore, the request was medically necessary.