

Case Number:	CM15-0091587		
Date Assigned:	05/15/2015	Date of Injury:	05/13/2013
Decision Date:	06/17/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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 38 year old male, who sustained an industrial injury on 05/13/2013. While working at a carwash, he was helping to guide another driver to park a car. The driver of the car hit the accelerator instead of the brake, hitting the claimant and knocking him into another vehicle. He was taken to the hospital with multiple broken ribs, a flail chest, bilateral lung contusion and a fracture at T4 with instability from T3 to T6. He was intubated in the ICU (intensive care unit) for ten days. He underwent a T3-T6 fusion. His cervical ligament injury was treated with a neck collar. He had multiple rib fractures and a displaced right clavicular fracture as well as a right scapular fracture. He underwent a right thoracotomy and decortication of the lung due to a persistent leak. He also had some issues with his teeth, right hand and right stomach. He participated in a Functional Restoration Program. According to a progress report dated 11/12/2014, the injured worker was seen for his chronic pain. He reported that he got a lot of headaches that was described as pounding and began in the temporal area and was rated 8 on a scale of 1-10. The headaches caused nausea and photophobia. Pain management included Tylenol and Gabapentin. The provider requested a trial of Maxalt. On 04/09/2015, the provider noted that they were still waiting for the MRI of his superior semicircular canals to rule out superior semicircular canal syndrome. The injured worker was feeling bad because he had not been getting his medications and he was in a lot of pain in the "right one". His complaints included weakness in the right upper extremity, paresthesias over the palm of the right hand. Gabapentin helped the discomfort. Medications for his headache had not been routine. The provider noted that he had posttraumatic migraine and took Maxalt. The provider requested

authorization for Maxalt, MRI of the brain, Tylenol and Ibuprofen. According to the most recent progress report submitted for review and dated 04/23/2015, the injured worker was seen because he had no medications. The provider noted that he had chronic pain in his thoracic spine and also his head. A description of pain or pain level was not mentioned. The provider noted that Maxalt resolved his headaches. Diagnoses included sprain of the back not otherwise specified, sprain of the knee and leg not otherwise specified, migraine not otherwise specified, adverse effect opiates, post traumatic brain syndrome, post traumatic migraine by history medication positive effect by triptan and probable bilateral traumatic superior semicircular canal syndrome. Currently under review is the request for Maxalt, Tramadol and Tylenol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxalt 10mg, #15, 1 refill: Overturned

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 PDR, maxaly.

Decision rationale: The ACOEM, ODG and the California MTUS do not specifically address the requested service. The physician desk reference states the requested medication is indicated as a primary treatment option for migraine headaches. The patient has headaches consistent with migraine variant headaches. Therefore the request is medically necessary.

Tramadol 50mg, #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): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain

patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox- AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores. There are also no objective measurements of improvement in function. Therefore criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

Tylenol 650mg, #100: Overturned

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 tylenol Page(s): 11.

Decision rationale: The California MTUS section on acetaminophen states: Recommended for treatment of chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case-by- case basis. The side effect profile of NSAIDs may have been minimized in systematic reviews due to the short duration of trials. On the other hand, it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs. The patient does not have hypertension. The medication is not contraindicated and therefore is medically necessary.