MAXIMUS Federal Services

Case Number:	CM13-0016986		
Date Assigned:	10/11/2013	Date of Injury:	07/08/2011
Decision Date:	04/01/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease and is licensed to practice in California. 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 physician 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/services.

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 patient is a 55-year-old injured worker who reported an injury on 07/08/2011. The mechanism of injury was not specifically stated. The patient is currently diagnosed with cervical thoracic/lumbar discopathy and double-crush syndrome. The patient was seen by [redacted] on 04/25/2013. The patient reported persistent neck pain, migraines, and activity limitation. Physical examination revealed tenderness of the cervical spine, painful range of motion, positive palmar compression testing, positive Tinel's testing, tenderness to palpation of the lumbar spine, positive straight leg raising, and dysesthesia in the L5 and S1 dermatomes. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state muscle relaxants are recommended as non-sedating, second-line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be

used for longer than 2 to 3 weeks. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain with activity limitation. There was no evidence of palpable muscle spasm or spasticity upon physical examination. As guidelines do not recommend long-term use of this medication, the current request cannot be supported. The request for Cyclobenzaprine 7.5 mg #120 is not medically necessary and appropriate.

Sumatriptan Succinate 25 mg #9, two refills: 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 Chapter, Triptans

Decision rationale: The Official Disability Guidelines state triptans are recommended for migraine sufferers. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent migraines. There is no documentation of functional improvement. The request for Sumatriptan Succinate 25 mg #9, two refills is not medically necessary and appropriate.

Medrox ointment 120 gm, two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no evidence of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. The request for Medrox ointment 120 gm, two refills is not medically necessary and appropriate.