

Case Number:	CM13-0026278		
Date Assigned:	11/22/2013	Date of Injury:	09/28/1997
Decision Date:	01/21/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/18/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is 64-year-old retired police officer who sustained an injury on 09/28/1997. According to nurse case summary, the patient sustained injury while trying to arrest a suspects. He has a well described injury to the lumbar spine and the cervical spine, variously diagnosed as lumbar degenerative disc disease with facet arthropathy and cervicalgia. He has an agreed medical evaluator which has handled the permanent disability issues and issues of future medical treatment. Currently the patient is under the care and treatment of [REDACTED] and has been treating this patient since 2001. [REDACTED] has noted a diagnosis of degenerative disc disease and lumbar radiculopathy, as well as cervicalgia and facet arthropathy. Most recently [REDACTED] has performed facet injections for this patient including radiofrequency neurotomy. He did undergo a C5 through C7 anterior cervical discectomy and fusion. He does report improvement in his neck pain complaints with this surgery. He has also tapered off the Elidel and Zegerid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxalt 10mg #15 with 5 refills: 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), Head Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drug Information located at www.drug.com

Decision rationale: According to Drug Information Online (www.Drug.com) Maxalt (rizatriptan) is a headache medicine that narrows the blood vessels around the brain. Rizatriptan also reduces substances in the body that can trigger headache pain, nausea, sensitivity to light and sound, and other migraine symptoms. Maxalt is used to treat migraine headaches. Maxalt will only treat a headache that has already begun. It will not prevent headaches or reduce the number of attacks. Maxalt should not be used to treat a common tension headache, a headache that causes loss of movement on one side of the body. In the primary treating physicians progress report dated November 11, 2013, it was reported that the patient presented to the office with complaints of neck pain and lower back pain and headache. The pain level has increased since the last visit. The record indicated that the patient has a history of migraine type headache and Maxalt seems to be working for the headaches. Therefore the request for Maxalt 10mg #15 with 5 refills is medically necessary.

Verapamil 240mg #60 with 5 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation article "Diagnosis and management of headache in adults. A national clinical guideline" found at www.guideline.gov

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drug Information found on www.drug.com

Decision rationale: According to Drug Information Online (www.drug.com) Verapamil is a calcium channel blocker. It works by relaxing the muscles of the heart and blood vessels. Verapamil is used to treat hypertension (high blood pressure), angina (chest pain), and certain heart rhythm disorders. It can be used off label to treat cluster headaches and migraine prevention. The patient's treating physician made a working diagnosis of migraine headaches, therefore the request fo Verapamil 240mg #60 with 5 refills is medically necessary.

Flexeril 10mg #120 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, antispasmodics which include Flexeril also known as cyclobezaprine are used to decrease muscle spasm in conditions such as low back pain; although, it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. They are recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central

nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. The greatest effect appears to be in the first 4 days of treatment. The recommended dosage is 5-10mg thrice daily, for not longer than 2-3 weeks, with the greatest benefit in the first 4 days of therapy. Therefore the request for Flexeril 10mg#120 with 5 refills is not medically necessary.