

Case Number:	CM13-0059404		
Date Assigned:	12/30/2013	Date of Injury:	04/13/2013
Decision Date:	06/18/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/02/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Maryland. 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/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 injured worker is a 55 year old male who reported an injury on 04/13/13. No specific mechanism of injury was noted. The injured worker was being followed for complaints of pain in the cervical range of the cervical spine with loss of range of motion and dysthesia in the upper extremities. The injured worker had imaging electrodiagnostic studies for the upper extremities which found no evidence for an active cervical radiculopathy or peripheral neuropathy. The injured worker had been provided multiple medications including Naproxen, Cyclobenzaprine, Sumatriptan, Zofran, and Omeprazole in 07/13. The injured worker was seen for an initial pain management evaluation on 09/18/13. The injured worker continued to report right shoulder and neck pain with associated paresthesia in the right upper extremity and weakness. On physical examination the injured worker noted the injured worker demonstrated limited range of motion in the cervical spine with tenderness to palpation. Sensation was diminished to light touch in the upper extremities in a C5 distribute in a C5 and C6 distribution however there was no evidence of motor weakness in the upper extremities or lower extremities. Recommendations were for epidural steroid injection which was performed. The injured worker was seen on 11/07/13 with persistent complaints of neck pain radiating to the right upper extremity. Physical examination continued to note decreased range of motion and tenderness to palpation in the cervical spine with loss of sensation in a C5 and C6 distribution. The injured worker received epidural steroid injections however the response was not specifically documented. The requested Cyclobenzaprine 7.5mg #120 and Sumatriptan 25mg #18 were denied by utilization review on 10/31/13. It was noted that the Cyclobenzaprine was modified for a quantity of 20 only.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HCL 7.5MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the use of Cyclobenzaprine 7.5mg quantity 120, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this medication is not medically necessary.

SUMATRIPTAN SUCCINATE 25MG, #18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Head Procedure Summary.

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: In regards to the use of Sumatriptan 25mg quantity 18, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical documentation submitted for review did not identify any signs and symptoms consistent with migraine headaches that were responding to this medication. The most recent clinical documentation did not discuss the frequency of migraine onset or duration and the efficacy of Sumatriptan. Without additional clinical information regarding migraine headaches in regards to frequency as well as the efficacy of Sumatriptan, this medication is not medically necessary.