

Case Number:	CM13-0067813		
Date Assigned:	01/17/2014	Date of Injury:	07/01/2002
Decision Date:	04/23/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/18/2013

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 Physical Medicine and Rehabilitation, 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 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 patient is a 42-year-old female who reported an injury on 07/01/2002. The mechanism of injury was not stated. The patient is diagnosed with cervical postlaminectomy syndrome, transformed migraine headache syndrome, history of upper extremity entrapment neuropathy, history of right wrist flexor tendon dislocation, and major depression with suicide attempt. The patient was seen by [REDACTED] on 11/25/2013. The patient reported increasing numbness and pain in the right first through third digits. The patient also reported migraine headaches. Physical examination revealed painful cervical range of motion, positive bilateral axial head compression testing, severe numbness in the right median nerve distribution distal to the wrist, and a well-healed incision along the right volar wrist. Treatment recommendations at that time included an updated CT scan and MRI, a psychological evaluation, and prescriptions for Relpax 40 mg, Namenda 5 mg, and Robaxin 750 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN CERVICAL WITH CONTRAST QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding the next steps, including the selection of an imaging test to define a potential cause. As per the documentation submitted, the patient's physical examination only revealed painful range of motion with positive compression testing. There was no documentation of a significant neurological or musculoskeletal deficit. There is also no documentation of an exhaustion of conservative treatment. There were no plain films obtained prior to the request for an imaging study. Based on the clinical information received, the request is non-certified.

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MRI CERVICAL SPINE WITH CONTRAST QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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RELPAK 40 MG (QUANTITY UNSPECIFIED) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

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: Official Disability Guidelines state triptans are recommended for migraine sufferers. Differences among them are, in general, relatively small. As per the documentation submitted, the patient does report persistent migraines. The patient maintains a diagnosis of migraine headache syndrome. However, there is inadequate information regarding the patient's previous treatment course to assess if the change to Relpax is the best treatment option for this patient. There is also no specific quantity stated in the current request. Based on the clinical information received, the request is non-certified.

NAMENDA 5 MG (QUANTITY UNSPECIFIED) QTY: 1.00: 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 Other Medical Treatment Guideline or Medical Evidence: www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 27 March 2014.

Decision rationale: Namenda is used to treat the symptoms of Alzheimer's disease. As per the documentation submitted, the patient was issued a prescription for Namenda 5mg for migraine prophylaxis. However, this medication is not designated for migraine prophylaxis. The patient

does not maintain a diagnosis of Alzheimer's disease. Based on the clinical information received, the request is non-certified.

ROBAXIN 750 MG (QUANTITY UNSPECIFIED) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time, and prolonged use may lead to dependence. As per the documentation submitted, there was no evidence of palpable muscle spasm or spasticity upon physical examination. Guidelines do not recommend long-term use of muscle relaxants. There is also no specific quantity listed in the request. Based on the clinical information received, the request is non-certified.