

Case Number:	CM14-0008587		
Date Assigned:	02/12/2014	Date of Injury:	11/25/2009
Decision Date:	07/03/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/21/2014

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 Internal Medicine, 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 injured worker is a 42-year-old who reported an injury on November 25, 2009. The mechanism of injury was not stated. Current diagnoses include cervical discopathy, cubital tunnel/double crush, status post right carpal tunnel release x2, and status post left carpal tunnel release. The latest physician progress report submitted for this review is documented on August 5, 2013. The injured worker reported persistent neck pain with activity limitation. Physical examination revealed tenderness of the cervical paravertebral muscles, painful range of motion, positive axial compression testing, positive Spurling's maneuver, dysesthesia at the C6 and C7 dermatomes, and positive Tinel's testing in the ulnar digits on the right. Treatment recommendations at that time included continuation of current medication, as well as authorization for an updated MRI scan of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HYDROCHLORIDE #120 7.5MG: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than two to three weeks. There is no evidence of palpable muscle spasm or spasticity upon physical examination. There is also no frequency listed in the current request. The request for Cyclobenzaprine Hydrochloride 7.5mg, 120 count, is not medically necessary or appropriate.

SUMATRIPTAN SUCCINATE #9 25MG: 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 recommend triptans for migraine sufferers. The injured worker does not maintain a diagnosis of migraine headaches. The medical necessity for the requested medication has not been established. There is also no frequency listed in the current request. The request for Sumatriptan Succinate 25mg, nine count, is not medically necessary or appropriate.