

Case Number:	CM14-0107854		
Date Assigned:	08/01/2014	Date of Injury:	03/25/2010
Decision Date:	09/24/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/11/2014

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 Occupational 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:

This patient is a 34 year old female who has developed a chronic pain syndrome and cognitive difficulties secondary to a falling box. She has been diagnosed with a chronic cervical strain and severe headache syndrome. She has been treated with cervical epidurals and facet rhizotomies which have had limited success. Her last physical therapy was completed Jan. '14 and consisted of 12 sessions. Previously she was on multiple medications including Opioids which caused cognitive problems without improving her quality of life. She is currently taking Topomax, Skelaxin and Promethazine. The Promethazine is utilized for nausea associated with the head pain and dizziness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metaxalone 800mg, quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin) Page(s): 61.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

Decision rationale: MTUS Guidelines do not support the long term use of Metaxalone. It has a side effect profile similar to some of the symptoms this patient complains of i.e. nausea, GI upset

and headaches. If a muscle relaxant is thought to be essential to this patient, there are other Guideline supported muscle relaxants for spasticity that may be associated with spinal injury. The Metaxalone is not medically necessary.

Promethazine 25mg, quantity 90: 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), Antiemetics (for opioid nausea); Promethazine (phenergan).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/phenergan-drug/indications-dosage.htm>.

Decision rationale: MTUS Guidelines and ODG Guidelines do not address the use of Phenergan for recurrent nausea related to headaches and/or pain levels. It is documented that she does not have side effects related to the medication and it is documented that she experiences nausea relief. The Phenergan is medically necessary.

Rehab for spinal cord/neck injury (months), quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: MTUS Guidelines recommend up to 8-10 sessions for most chronic pain issues. This patient completed 12 sessions in the past 6-8 months. A diagnosis of central cord syndrome has been made by the primary treating physician; however the electro diagnostics, CT studies, MRI studies and neurological exam do not support this diagnosis. The medical need for a special spinal cord rehab program is not demonstrated in the records reviewed and is not medically necessary.