MAXIMUS Federal Services

Case Number:	CM14-0013783		
Date Assigned:	02/26/2014	Date of Injury:	05/22/2013
Decision Date:	07/24/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 patient is a 50-year-old male with a 5/22/03 date of injury. The patient has chronic neck pain that radiates into the upper extremities; migraine headaches; and depression with anxiety. The patient utilizes medication including Norco, Flexeril, Restoril, Abilify, Cymbalta, and Diazepam. Pain levels remain at 6/10 with medications, which is noted to be a 40% improvement (1/20/14 progress note). The patient has utilized Botox injections for migraine headaches with a very good response for approximately 2 months. Clinically, there was painful neck range of motion; reduction in upper extremity strength; and slightly increased tone in the left upper extremity. The patient has been using medications since at least 2012. Request for Norco was modified; Flexeril and Relpax were non-certified. 2/21/13 Laboratory findings were positive for Nordazepam; Oxazepam; temazepam; carisoprodol; and meprobamate.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on the MTUS: Chronic Pain Medical Treatment Guidelines, 9792.24.2.,(page 79-81), Other Medical Treatment Guideline or Medical Evidence: Opioid Therapy for Chronic Pain Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D N Engl J Med 2003; 349:1943-1953November 13, 2003DOI: 10.1056/NEJMra025411.

Decision rationale: The patient has a 11 year injury and duration of opioid use has not been well disucssed. Chronic opioid treatment should be assessed with the use of a pain contract and random urine drug screens. In addition, CA MTUS requires documenation of continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although it was noted that the patient has 40% pain relief, VAS scores continue to remain high (6/10). There remains no documentation of specific functional improvement from the continued use of opioids. Prior request for Norco was modified for the purposes of weaning. No additional records were provided addressing the lack of functional improvement, discussing duration of use, and significant reduction in VAS scores. Given the above the request is not medically necessary.

FLEXERIL 10MG #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 9792.24.2. (page 63) Page(s): 63.

Decision rationale: Medical necessity for the requested Flexeril is not established, as guideline criteria was not met. CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. With an 11-year injury, duration of muscle relaxant use has not been documented. Clinically, there was no documentation of spams. Specific improvement from Flexeril use has not been documented. Give the above the request is not medically necessary.

RELPAZ 40MG #18: Upheld

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 (trauma, headackes, etc., not including stress & mental disorders).

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: Medical necesity for the reqeusted Relpax is not estblished. The patiet is noted to have headaches, neck pain with radiation to the upper extremities. The patient had some pain releif from Botox injections, however there is no discussion of efficacy of this medication for treatment of migraines. Relpax should only be used if there is a clear diagnosis of migraine headaches and efficacy has been documented. This is an oral triptan, and ODG recommends triptans for migraine sufferers. There remains no documentation of reduction in migraines attributed to this medication. Given the above the request is not medically necessary.