

Case Number:	CM14-0155576		
Date Assigned:	09/25/2014	Date of Injury:	12/30/2010
Decision Date:	10/27/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/23/2014

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 American Board Family Practice and is licensed to practice in Ohio. 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 51-year-old female who has undergone 2 cervical fusions within the last 2 years, most recently September 10 of 2013. Postoperatively, she has developed pain and spasm of the left-sided neck musculature with headaches and grip strength weakness of the right hand. Her pain has been pretty well-managed by Norco. Valium 2 mg twice daily was attempted for her neck muscle spasms in May 2014 with an incomplete response. Baclofen 20 mg twice daily was added on September 2, 2014. She was started on amitriptyline on August 5, 2014 to attempt to help her headaches. The dosage was increased from 10 mg to 25 mg on September 2, 2014 as she had not had much response. Imitrex was also provided on August 5, 2014 from what were thought to be migraine headaches but those too were ineffectual. Physical exam reveals tenderness and swelling of the left-sided paraspinal musculature of the cervical spine and diminished right grip strength. Her diagnoses include cervical disc herniation, migraine headaches, colon cancer, and hypothyroidism.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 2mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines

Decision rationale: Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this instance, it is possible that Valium is going to be necessary to control muscle spasm. If that is the case, then tolerance has already occurred in all likelihood and the dose may actually need to be increased. If not, then consideration should be given for discontinuation. In either case, Valium 2mg #60 is no longer medically necessary.

Baclofen 20mg #60 with 2 Refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lioresal).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Muscle Relaxants

Decision rationale: Baclofen is a muscle relaxant whose mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. While the official disability guidelines do suggest short courses of treatment with muscle relaxants for appropriate conditions, those recommendations can be interpreted as being for low back pain only. In this instance, the muscle spasm is located in the neck region. Therefore, Baclofen 20mg #60 with 2 refills is medically necessary.

Maxalt 10mg #18 with 2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Maxalt

Decision rationale: Maxalt is a triptan medication recommended for migraine sufferers. See Triptans. Rizatriptan (Maxalt) is a triptan drug developed by Merck & Co. for the treatment of

migraine headaches. In this instance, the Maxalt utilized so far has been ineffective. Historically, there is no indication from the documentation that the injured worker is suffering from migraine headaches i.e. no photophobia, photophobia, nausea, etc. Therefore, Maxalt is not medically necessary.

Elavil 25mg #60 with 3 Refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: BMJ 2010;341:c5222, Tricyclic antidepressants and headaches: systematic review and meta-analysis

Decision rationale: Antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics, like amitriptyline, are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Tricyclic antidepressants are effective in preventing migraine and tension-type headaches and are more effective than selective serotonin reuptake inhibitors, although with greater adverse effects. In this instance, the injured worker seems to be suffering from tension headaches at least. Therefore, Elavil 25mg #60 with 3 Refills is medically necessary.