

Case Number:	CM14-0171046		
Date Assigned:	10/23/2014	Date of Injury:	01/29/2011
Decision Date:	12/02/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/15/2014

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 Family 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 injured worker's date of injury is 01/29/2011. This patient receives treatment for chronic headaches with dizziness, blurred vision, dizziness, numbness and tingling, and insomnia. The initial injury occurred when a door struck the patient in his face. Initial treatment included a surgical laceration repair of the right brow. In January 2011 a CT scan of the brain was normal. The patient received physical therapy and acupuncture. The medical diagnoses include: closed head injury, post-traumatic headaches. Neck strain, carpal tunnel syndrome, and low back strain. The patient is now opioid dependent. This review addresses a number of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-65.

Decision rationale: Per the guidelines, Flexeril (cyclobenzaprine) is an antispasmodic and may be medically indicated for the treatment of acute back pain. It is not indicated for the long-term

treatment of either neck or low back pain, because adverse effects are common and evidence for clinical benefits decline significantly with chronic use. Flexeril is not medically indicated.

Xanax 0.5 mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Per the guidelines benzodiazepines are used for muscle spasms and to treat anxiety; however, benzodiazepines are not recommended for long-term use, because efficacy is unproven and dependence is common. Tolerance to benzodiazepines happens quickly and often leads to increasing levels of anxiety. Xanax is not medically indicated.

Norco 10/325 mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-83.

Decision rationale: Per the guidelines, Opioids may be medically indicated to treat low back pain in the short-term, but when used for chronic low back pain evidence for efficacy is lacking in clinical studies. In addition, there is little evidence of improvement with function. Long-term opioid use also exposes the patient to the dangers of tolerance, addiction, and aberrant drug-related behavior. Norco is not clinically indicated.

Fioricet #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesics agents (BCAS) Page(s): 24.

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: Acute treatment of migraine in adults by Zahid Baja, MD, UpToDate.com

Decision rationale: Per the guidelines Fioricet is a combination pill containing acetaminophen, Butalbital, and caffeine. The drugs included are a non-NSAID analgesic, a phenobarbital derivative, and a naturally sourced stimulant. This compounded medication was marketed years ago for the treatment of migraine and other recurring headaches. The medication is no longer recommended for the long-term management of any headache disorder, because of lack of proven effectiveness and its association with side effects, addiction, and withdrawal. Fioricet is not medically indicated.

Sumatriptan 25 mg #30 with 2 refills: 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: Acute treatment of migraine in adults by Zahid Baja, MD, UpToDate.com

Decision rationale: Per the guidelines Sumatriptan may be medically indicated for the treatment of migraine headache; however, this patient does not suffer from that disorder, according to the documentation. The patient's headache is most likely a post-traumatic headache. Sumatriptan is not medically indicated.