

Case Number:	CM14-0040987		
Date Assigned:	06/27/2014	Date of Injury:	05/12/2004
Decision Date:	07/29/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/07/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 33-year-old male with a 5/12/04 date of injury. At the time (2/27/14) of request for authorization for Flexeril 10mg #60 and Maxalt 10mg #4, there is documentation of subjective (chronic bilateral knee pain, chronic migraine headaches, and chronic lower back pain) and objective (increased sensitivity in the right occipital parietal region with radiating pain to the right forehead with palpation, tenderness to palpation in the right lumbar paraspinal region, decreased sensation along the lateral aspect of the right lower leg, positive right McMurray's test, peripatellar tenderness in the right knee and at the lateral and medial joint lines with antero-posterior laxity) findings, current diagnoses (post-traumatic migraine headaches, chronic low back pain, lumbar degenerative disc disease, lumbar strain, right knee internal derangement, status post left tibia fibula fracture, pain-related insomnia, and post concussive syndrome), and treatment to date (ongoing therapy with Imitrex and Topamax with reduction in incidence of migraine headaches from three times a week to twice a week, ongoing therapy with Flexeril since at least 8/7/13 with pain relief and increase in functionality). In addition, the medical report plan identifies the trial of Maxalt for migraines. Regarding Flexeril 10mg #60, there is no documentation of acute exacerbation of chronic low back pain and short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Flexeril 10mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. The MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbation in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of post-traumatic migraine headaches, chronic low back pain, lumbar degenerative disc disease, lumbar strain, right knee internal derangement; status post left tibia fibula fracture, pain-related insomnia, and post concussive syndrome. In addition, there is documentation of chronic low back pain. Furthermore, given documentation of pain relief and increase in functionality with use of Flexeril, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Flexeril. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given the documentation of ongoing treatment with Flexeril since at least 8/7/13, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10mg #60 is not medically necessary.

1 Prescription of Maxalt 10mg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009) Maxalt (rizatriptan). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Rizatriptan: 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 Chapter, Triptans.

Decision rationale: The California MTUS does not specifically address this issue. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG states that Triptans are recommended for migraine sufferers. In addition, the ODG identifies that according to the FDA Orange Book, equivalent generics have been approved for Maxalt, so generic

Rizatriptan would be recommended. Within the medical information available for review, there is documentation of a diagnosis of post-traumatic migraine headaches and post concussive syndrome. In addition, there is documentation of a history of chronic migraine headaches. However, despite documentation of a plan identifying trial of Maxalt for migraines, and given documentation that the patient is currently receiving treatment with Imitrex and Topamax with reduction in incidence of migraine headaches from three times a week to twice a week, there is no documentation of a rationale identifying the medical necessity of the requested Maxalt as opposed to generic rizatriptan. Therefore, Maxalt 10mg #4 is not medically necessary.