

Case Number:	CM14-0045331		
Date Assigned:	04/16/2014	Date of Injury:	08/19/2004
Decision Date:	05/20/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/12/2014

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, and is licensed to practice in Illinois. 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 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 54-year-old male who reported an injury on 8/19/04. The mechanism of injury was not provided for review. The injured worker was evaluated on 11/20/13. It was documented that the injured worker had 8/10 low back pain and persistent trigger points that were responsive to trigger point injections. Physical examination findings included limited range of motion of the lumbar spine secondary to pain with tenderness and spasm to palpation, a positive Lasegue's bilaterally, a positive bilateral straight leg raising test, and decreased sensation in the bilateral L4-5 and L5-S1 dermatomal distributions. The injured worker's diagnoses included lumbar discogenic disease with radiculopathy, chronic low back pain, and intractable pain. The injured worker's treatment plan included trigger point injections, a home exercise program, continuation of medications, a follow-up evaluation in three months, the use of a TENS unit, and chronic pain management. The injured worker's medication schedule included Oxycodone 30mg, Norco, Relpax 40mg, Soma 350mg, and Valium 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPLAX 40MG, #7 FOR HEADACHES: 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 www.rxlist.com/relpax-drug/indications-dosage.htm

Decision rationale: The Expert Reviewer's decision rationale: The California MTUS and the Official Disability Guidelines do not address this medication. An online resource, rxlist.com, the internet drug index, indicates that this medication is appropriate for injured workers who have been clearly diagnosed with recurrent migraine headaches as the safety and effectiveness of this medication for cluster headaches has not clearly been established. The clinical documentation submitted for review does not adequately assess the injured worker's ongoing headache complaints. Therefore, a clear diagnosis of a migraine headache versus cluster headaches is not supported. Therefore, the use of this medication would not be appropriate for this injured worker. Additionally, the injured worker has been on this medication since at least June 2013 with no evidence of symptom relief to support ongoing use. Also, the request as it is submitted does not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Relpax is not medically necessary or appropriate.