MAXIMUS Federal Services

Case Number:	CM14-0059769		
Date Assigned:	07/09/2014	Date of Injury:	09/01/1999
Decision Date:	09/12/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/30/2014

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 Occupational 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:

Patient is a 53 year-old female with date of injury 09/01/1999. The medical document associated with the request for authorization, a primary treating physician's progress report dated 03/04/2014, lists subjective complaints as pain in the neck with radicular symptoms down the right upper extremity and associated headaches. Objective findings: Examination of the cervical spine revealed decreased range of motion with muscle spasm. There were severe spasms in the trapezius, sternocleidomastoid, and scalene muscles. Tenderness was noted in the occipital region. Diagnosis: 1. Migraine, chronic unstable; 2. Neck strain/sprain; 3. Cervical post-laminectomy syndrome; 4. and Myospasm, cervical. The medical records supplied for review document that the patient has been taking the following medications at least as far back as 6 months.Medications:1. Tylenol #3 SIG: 1 every 4 hours as needed2. Zanaflex 4mg, #30 SIG: 1-2 qhs3. Maxalt MLT 10mg, #18 SIG 1 every day4. Valium 5mg, #15 SIG: 1 three times daily5. Cambia 50mg, #2 SIG: 1 single dose at the time of migraine onsetThe patient has apparently returned to work and is currently working two part-time jobs.

IMR ISSUES, DECISIONS AND RATIONALES

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

TYLENOL #3: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: The patient states that she has been able to return to work and is currently working to part-time jobs. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient fits both of these criteria. I am reversing the previous utilization review decision.

ZANAFLEX 4MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. The medical record shows that she has been taking Zanaflex for at least 6 months.

MAXALT MLT 10MG, #18: Overturned

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 Official Disability Guidelines (ODG) Head, Migraine pharmaceutical treatment.

Decision rationale: Maxalt is a prescription medicine that belongs to a class of medicines called triptans. According to the Official Disability Guidelines, triptans are recommended for migraine sufferers. At marketed doses, all oral triptans are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. The patient's primary diagnosis is migraine headache, which is well-documented. I am reversing the prior UR decision.

VALIUM 5MG, #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The claimant has been on Valium for greater than 6 months, much longer than that recommended by the MTUS.

CAMBIA 50MG, #2: 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 Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac.

Decision rationale: Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%.