

Case Number:	CM14-0203123		
Date Assigned:	12/15/2014	Date of Injury:	05/12/2004
Decision Date:	02/09/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/04/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, shoulder pain, back pain, and headaches reportedly associated with an industrial injury of May 12, 2004. In a Utilization Review Report dated November 20, 2014, the claims administrator denied a request for Fexmid, denied a request for Maxalt, approved a request for Prilosec, conditionally denied a request for tramadol, approved a urine drug screen, and conditionally denied a request for Norco. The claims administrator stated that the applicant did not carry diagnosis of migraine headaches for which Maxalt could be employed. The claims administrator referenced a progress note dated September 29, 2014 at the bottom of its report, although this was not explicitly summarized in the utilization review determination. The claims administrator contended that it had asked the attending provider submit more updated progress notes on several other occasions. The applicant's attorney subsequently appealed. On November 3, 2014, the applicant reported persistent complaints of neck pain, shoulder pain, and occipital pain. The applicant was on Flexeril, Norco, Prilosec, Nalfon, tramadol, and a cyclobenzaprine containing topical compound, the attending provider acknowledged. Multiple medications were refilled, including Fexmid, Maxalt, Prilosec, tramadol, the cyclobenzaprine containing topical compound at issue, and Norco. MRI imaging of the bilateral shoulders was sought. The applicant was given diagnosis of cervical diskopathy, cervical radiculopathy, and shoulder impingement syndrome. The applicant was placed off of work, on total temporary disability for 45 days. In a handwritten note dated August 26, 2014, the applicant was asked to continue unspecified medications and topical compounds while remaining off of work, on total temporary disability. Naproxen, Flexeril, Narcosoft, Prilosec, tramadol, and a topical compounded medication were all renewed as of that point in time. The applicant had undergone earlier multilevel cervical spine surgery on March 20, 2008, it is incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (Cyclobenzaprine) 7.5 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including Norco, Naproxen, Tramadol, etc. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 120-tablet supply at issue represents treatment well in excess of the "short course of therapy" for which Cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Maxalt (Rizatriptan Benzoate) 5 mg #18: 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 (Trauma, Headaches etc. not Including Stress & Mental Disorders)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Maxalt Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of Maxalt, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Maxalt is indicated in the acute treatment of migraine headaches, with or without aura. Here, however, the applicant was given diagnoses of shoulder pain, neck pain, impingement syndrome, cervical radiculopathy, etc. The applicant was never explicitly diagnosed with migraine headaches for which Maxalt would have been indicated. The attending provider's progress notes did not contain any explicit reference to or discussion of symptoms characteristic of migraine headaches, such as nausea, vomiting, photophobia, and aura/prodrome, etc., which would have helped to support the request. Usage of Maxalt, here, thus, in a fact amounts to a non-FDA labeled usage. The attending provider has not furnished any compelling applicant-specific rationale or medical evidence to support such usage. Therefore, the request was not medically necessary.

