

Case Number:	CM14-0203382		
Date Assigned:	12/15/2014	Date of Injury:	03/19/1987
Decision Date:	02/04/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/05/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 injured worker is a 72 year old male who sustained a work related injury March 19, 1987. Past history includes s/p C5-C6 and C6-C7 anterior cervical discectomy fusion (ACDF) with partial corpectomy at C5-C6. According to the primary treating physician's progress report dated 3, 2014, the injured worker presented for a follow-up evaluation. He complains of continued severe neck pain which radiates into the interscapular space and rated 10/10 without the use of medications and reduces to 8/10 with medications. He also continues with cervicogenic migraine headaches and troubling swallowing. Physical examination reveals a well healed anterior cervical incision. There is evidence of tenderness of the paracervical muscles, over the base of the neck and skull, the interscapular space and over the trapezius musculature bilaterally. There is decreased sensation noted of the right middle ring and pinky fingers. There is pain with range of motion; flexion 25 degrees, extension 19 degrees, left lateral bend 14 degrees, right lateral bend 30 degrees, left rotation 65 degrees and right rotation 70 degrees. Orthopedic testing of the cervical spine revealed local pain. Motor strength within normal limits 5/5 except finger abduction right 4/5. Electrodiagnostic study reports, performed July 28, 2014, are present in the case file. Assessment documented as; cervicogenic migraine headache, C5-C6 disc herniation, and cervical radiculopathy. Treatment plan included; awaiting authorization for an MRI of the cervical spine and electro pads for TENS unit, refill medications, and random urine toxicology. Work status is documented as permanent and stationary. According to utilization review performed November 11, 2014, Soma 350mg #120 was partially certified to generic Soma 350mg # 20. Citing MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is not recommended for long term use. There is no evidence of objective functional benefit supporting the subjective improvement as well as evidence of spasm, tensions and acute exacerbation of pain. Therefore, medical necessity is established for weaning purposes

only. Celebrex 200mg #60 is non-certified. Citing MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs) are recommended at the lowest dose for the shortest period for those with moderate to severe pain. There is no evidence of objective functional benefit as a result of the medication with medical necessity documentation and it is noted that the claimant is allergic to NSAIDs. Frova 2.5mg #9 is non-certified. Citing Official Disability Guidelines (ODG) Head, triptans are recommended for migraine sufferers, at marketed doses. However, the injured worker continues to suffer from cervicogenic migraine headaches without evidence of objective functional benefit with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma without clear evidence of spasm or exacerbation of neck pain. There is no justification for prolonged use of Soma. The request Soma 350mg #120 is not medically necessary.

Celebrex 200mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 27-30.

Decision rationale: According to MTUS guidelines, Celebrex is indicated in case of back, neck and shoulder pain especially in case of failure or contraindication of NSAIDs. There is no clear documentation that the injured worker failed previous use of NSAIDs. There is no documentation that Celebrex was used for the shortest period and the lowest dose as a matter of fact, the injured worker has been using Celebrex for long term without significant improvement. The injured worker continued to report back pain. Therefore, the prescription of Celebrex 200mg #60 is not medically necessary.

Frova 2.5mg #9: 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 Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Migraine Headache Medication.
<http://emedicine.medscape.com/article/1142556-medication#2>.

Decision rationale: Per guidelines, Frova is triptan used as abortive medication for moderately severe to severe migraine headaches. There is no documentation that the injured worker is suffering from a moderate to severe migraine headache. The injured worker's headache is most likely related to the neck condition and to a primary migraine. Therefore, the request for Frova is not medically necessary.