MAXIMUS Federal Services

Case Number:	CM14-0210220		
Date Assigned:	12/23/2014	Date of Injury:	07/02/2012
Decision Date:	07/24/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 Chubb Insurance employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of July 2, 2012. In a Utilization Review report dated November 17, 2014, the claims administrator failed to approve requests for cervical epidural steroid injection therapy, Imitrex, and Flexeril. The claims administrator referenced an October 7, 2014 RFA form in its determination. The applicant's attorney subsequently appealed. On October 7, 2014, the applicant reported ongoing complaints of neck and low back pain, both of which were described as radiating. There is limited range of motion about both the cervical and lumbar spine regions. Imitrex, Flexeril, and a cervical epidural steroid injection were endorsed while the applicant was kept off of work, on total temporary disability. A neurology consultation was also endorsed. The attending provider did not reference MRI findings (if any). It was not stated whether the request for an epidural steroid injection was a first time request or renewal request. The attending provider stated that Imitrex was being employed on an as-needed basis for headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: No, the request for cervical epidural steroid injections was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that radiculopathy must be corroborated by imaging studies and/or electro diagnostic testing. Here, the attending provider did not cite corroborating imaging or electro diagnostic studies in his October 7, 2014 progress note. It was not stated whether the request was a first time request for epidural steroid injection therapy, repeat request, diagnostic block, or a therapeutic block. The request for multiple cervical epidural steroid injections, furthermore, runs counter to the philosophy espoused on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvements with earlier blocks. Therefore, the request was not medically necessary.

Imitrex QTY: 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Triptans.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U. S. Food and Drug Administration173 INDICATIONS AND USAGE174 IMITREX Tablets are indicated for the acute treatment of migraine attacks with or without175 aura in adults.

Decision rationale: Similarly, the request for Imitrex was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medications for the particular condition for which it has been prescribed into his choice of recommendations to ensure proper usage and so as to manage expectations. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines likewise note 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 Administration (FDA) notes that Imitrex is indicated in the treatment of acute migraine headaches, with and without aura. Here, however, the attending provider's progress note of October 7, 2014 did not suggest, state, or insinuate that the applicant was having issues with migraine type headaches. The applicant was described as having nonspecific headaches on that date, only incidentally alluded to in passing. There was no mention the applicant's having associated symptoms of nausea, vomiting, phonophobia, or photophobia, which would have suggested the presence of migraine-type headaches. Usage of Imitrex here, thus, in effect, represented usage of Imitrex for a non-FDA labeled purpose. The attending provider failed to furnish a clear or compelling rationale or medical evidence, which would support such usage in the face of the unfavorable FDA position of the same. Therefore, the request was not medically necessary.

Flexeril 10mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

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

Decision rationale: Finally, the request for Flexeril (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. 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, in fact, using a variety of other agents, including Imitrex. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of Flexeril (cyclobenzaprine) at issue, in and of itself, represents treatment 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.