

Case Number:	CM15-0002867		
Date Assigned:	02/02/2015	Date of Injury:	04/12/2005
Decision Date:	03/24/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/06/2015

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: California
 Certification(s)/Specialty: Internal 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 injured worker is a 45 year old male, who sustained an industrial injury on 04/12/2005. On provider visit dated 11/19/2014, the injured worker complained of neck and low back pain, headaches, insomnia and GERD. Examination of lumbar spine noted paraspinous musculature spasm and tenderness at bilateral parvertebral area L4-S1 levels and pain with range of motion was noted. The diagnoses have included lumbar disc degeneration, lumbar facet arthropathy, lumbar radiculopathy, status post fusion, lumbar spine, and status post hardware removal. Treatment to date has included MRI of lumbar spine, CT of lumbar spine, and medication. Treatment plan included medication refills and Sumavel injection. On 12/08/2014 Utilization Review non-certified Sumavel Injection and Flexeril 10mg #30 with 1 refill. The CA MTUS Chronic Pain Medical Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Sumavel Injection: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head (trauma, headaches, etc., not including stress & mental disorders) Triptans, Migraine pharmaceutical treatment

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Sumavel (Sumatriptan). Official Disability Guidelines (ODG) indicates that triptans are recommended for migraine sufferers. The pain medicine evaluation report dated November 19, 2014 documented a history of migraine headaches. The patient reported ongoing headaches. The patient reported increased migraine headaches with auras, when not taking Maxalt. Official Disability Guidelines (ODG) indicates that triptans are recommended for migraine sufferers. Because medical records document a history of migraine headaches responsive to triptans, the request for Sumavel (Sumatriptan) is supported by ODG guidelines. Therefore, the request for one Sumavel (Sumatriptan) injection is medically necessary.

Flexeril 10mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Pages 41-42. Muscle relaxants Pages 63-66.. Decision based on Non-MTUS Citation FDA Prescribing Information Flexeril Cyclobenzaprine <http://www.drugs.com/pro/flexeril.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical records document that the patient's occupational injuries are chronic. MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. Medical records indicate the long-term use of the muscle relaxant Flexeril, which is not supported by MTUS and FDA guidelines. The patient has been prescribed NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. The use of

Flexeril is not supported by MTUS and ACOEM guidelines. Therefore, the request for Flexeril is not medically necessary.