

Case Number:	CM15-0108617		
Date Assigned:	06/12/2015	Date of Injury:	10/19/2008
Decision Date:	07/14/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/04/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 51-year-old female, with a reported date of injury of 10/19/2008. The diagnoses include lumbar sprain, lumbar radiculopathy, lumbar spondylosis, low back pain, lumbar facet syndrome, lumbar degenerative disc disease, right knee pain, cervical facet syndrome, and cervical radiculopathy. Treatments to date have included lumbar medial branch facet block, a TENS (transcutaneous electrical nerve stimulation) unit, oral medications, cervical epidural steroid injection on 04/15/2015, an MRI of the lumbar spine, and nerve conduction studies. The medical report dated 05/15/2015 indicates that the injured worker had neck pain and low back pain. It was noted that the pain level had remained unchanged since the last visit. The injured worker rated her pain with medication 3 out of 10, and without medication 5 out of 10. She reported nausea on this visit. The injured worker could be active at least five hours a day and her activity level had increased. The objective findings include restricted cervical range of motion with pain, hypertonicity, spasm, tenderness, tight muscle band, trigger point on the paravertebral muscles, tenderness at the manubriosternal joint, paracervical muscles, rhomboid muscles, sternoclavicular joint, and trapezius muscles, positive cervical facet loading on both sides, loss of normal lordosis with straightening of the lumbar spine, restricted range of motion of the lumbar spine, tenderness and tight muscle and on palpation of the lumbar paravertebral muscles, positive lumbar facet loading on both sides, negative straight leg raise test, and tenderness over the posterior iliac spine on both the sides sacroiliac spine. The treating physician requested Imitrex 50mg #9, Lorzone 750mg #60 for muscle spasm, and liver and kidney function tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 50mg #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 (ODG), Head: Triptans (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans.

Decision rationale: MTUS and ACOEM are silent with regards to sumatriptan (imitrex). Other guidelines were utilized. ODG states regarding sumatriptan, "Recommended for migraine sufferers." The records presented for review indicate the prescription of sumatriptan was for the treatment of migraines but they do not document the diagnosis of migraines. The available medical record does note neck/head pain of a cervicogenic nature, which would not require the use of, nor benefit from, a serotonin 5-HT 1 receptor agonist. Further, the dosing instruction for this medication seems to be for daily use, which is not consistent with Imitrex dosing criteria. Therefore, the request for Imitrex 50mg #9 is not medically necessary.

Lorzone 750mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-66.

Decision rationale: MTUS writes, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." MTUS further states: "Chlorzoxazone (Parafon Forte, Paraflex, Relax DS, Remular S, generic available): this drug works primarily in the spinal cord and the subcortical areas of the brain. The mechanism of action is unknown but the effect is thought to be due to general depression of the central nervous system. Advantages over other muscle relaxants include reduced sedation and less evidence for abuse. The available medical record notes that other muscle relaxants have been tried and are no longer in use due to lack of effect or side effects and that this is an ongoing trial of chlorzoxaxone which would be appropriate in the short term for the IW's known complaints. As such, I am reversing the prior UR decision and deem that the request for Lorzone 750mg #60 is medically necessary.

One blood work labs liver and kidney function tests: 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 NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." This IW has been on various medications chronically and cannot be reasonably assumed to be within a 4-8 week period. Further, the treating physician does not provide elaboration as to the specific indication for these laboratory tests. As such, the request for labs liver and kidney function tests is not medically necessary.