

Case Number:	CM15-0011751		
Date Assigned:	01/29/2015	Date of Injury:	05/05/2009
Decision Date:	04/01/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/20/2015

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, Massachusetts
 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:

This 46-year-old man sustained an industrial injury on 5/5/2009 to his neck and back when he slipped while walking down and incline and fell. Current diagnoses include headache, cervicgia, degeneration of cervical intervertebral disc, thoracic outlet syndrome, lumbago, and acromioclavicular joint pain. Treatment has included oral medications, physical therapy, massage therapy, aquatic therapy, bracing, acupuncture, facet block, surgical intervention, and medical branch block. Physician notes dated 9/20/2014 show neck and back pain, headaches, and muscle spasms. Recommendations include physical therapy with massage, medication refills, isometrics, Topamax/Botox Fiorinal, and consideration was given to acupuncture. On 1/7/2015, Utilization Review evaluated prescriptions for Sumavel Dosepro SQ 6mg/0.5ml #10, Valium 10mg #30, and Soma 350 mg #60 that were submitted on 1/16/2015. The UR physician noted an oral form of Sumavel was trialed and failed. Subcutaneous Sumavel has been noted to help the headache, however, no functional benefits have been noted. The worker is noted to have received Valium since 2012 without documentation of functional benefit, there is a risk of dependence, and there is little evidence that Valium works better than other medications for muscle spasm. Finally, the worker has used Soma since May of 2014 without functional benefit. The worker has exceeded the recommended duration of three weeks for this medication. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumavel Dosepro SQ 6mg/0.5ml #10: Overturned

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, Sumatriptan, Triptans.

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: While the MTUS guidelines do not specify if this treatment is indicated for the IW's chronic headaches related to the industrial accident, the official disability guideline states that the medication is recommended for chronic headaches (migraines), and while oral dosage is preferable for first line treatment, if there is limited efficacy to oral treatment that does not preclude trial of subcutaneous dosing. This specific injured worker had attempted oral treatment with limited efficacy. The current trial of Sumatriptan SubQ has been reportedly effective in decreasing symptoms and impairment related to severe headaches. Considering the cited guidelines and reported improvement with usage of this medication, continued usage appears clinically necessary and appropriate.

Valium 10mg #30: 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), Pain (chronic), Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

Decision rationale: According to MTUS guidelines: "Benzodiazepines: Not recommended due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over non-benzodiazepines for the treatment of spasm." There is insufficient clinical evidence to suggest that valium is better in treating muscle spasm than other non-benzodiazepine options. According to the MTUS guidelines, benzodiazepines such as the above medication are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 week. Additionally, the guidelines state that tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has been on this specific benzodiazepine medication for more than 4 weeks and there is no cited efficacy in the provided medical records to support continued use. Consequently the medical records and cited guidelines do not support continued use of this medication at this time.

Soma 350mg#60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), and Carisoprodol (Soma).

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

Decision rationale: Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbations of muscle spasm in patients with chronic lower back pain. According to the cited guidelines, muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs, which the patient is already taking regularly. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently, the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being clinically necessary at this time.