MAXIMUS Federal Services

Case Number:	CM15-0135571		
Date Assigned:	07/23/2015	Date of Injury:	11/17/2011
Decision Date:	08/20/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/13/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on 11/17/2011. She has reported injury to the neck, left shoulder, right hand/wrist, and low back. The diagnoses have included cervical facet arthropathy at C5-7; left shoulder impingement syndrome with superior labrum anterior to posterior lesion; status post left shoulder surgery, on 03/05/2014; bilateral lumbar radiculopathy; and bilateral sacroiliac joint dysfunction. Treatment to date has included medications, diagnostics, injections, radiofrequency ablation at C5-6 bilaterally; bilateral sacroiliac joint blocks, physical therapy, home exercise program, and surgical intervention. Medications have included Tramadol, Fioricet, Percocet, Neurontin, Imitrex, and Flexeril. A progress report from the treating physician, dated 06/08/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of ongoing neck pain radiating into the mid scapular region, with occasional radiation down the left arm; headaches associated with the neck pain; low back and buttocks pain; she rates her symptoms as a 6/10 on the visual analog scale with medication; and the pain increases to a 9/10 on the visual analog scale without medication. It is noted that the cervical facet blocks at C5-6 and C6-7 took away approximately 70% of her pain; and cervical radiofrequency ablations improved her symptoms, but only for two weeks. Objective findings included no evidence of tenderness on palpation or spasms of the paracervical muscles or spinous processes, or over the base of the neck or skull; there is no tenderness to palpation over the trapezius musculature bilaterally, over the interscapular space, or over the anterior cervical musculature; sensation is intact in the bilateral upper extremities; there is no tenderness on palpation of the lumbar paravertebral muscles bilaterally; no tenderness over the sacroiliac joints, bilaterally, over the sciatic notches, over the flanks, or over the coccyx; and sensation is intact in the bilateral lower extremities. The treatment plan has included the request for Flexeril 10mg #60; and Imitrex 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: 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. Also 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. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.

Imitrex 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Imitrex).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, imitrex.

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of acute migraine headache. The patient does not have the primary diagnosis of migraine headache due to industrial incident. Therefore the request is not medically necessary.