

Case Number:	CM15-0165429		
Date Assigned:	09/02/2015	Date of Injury:	04/24/2014
Decision Date:	10/06/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/24/2015

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: Arizona, California
 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 72 year old male, who sustained an industrial injury on 4-24-14. He reported headache and neck pain. The injured worker was diagnosed as having headaches, tinnitus, cognitive impairment, chronic T1 compression fracture, cervical herniated nucleus pulposus, and cervical radiculopathy. Treatment to date has included chiropractic physiotherapy to the cervical spine, an occipital nerve block, trigger point injections, and medication. On 6-9-15 pain was rated as 8 of 10 and on 7-14-15 pain was rated as 7 of 10. The injured worker had been taking Imitrex and Cyclobenzaprine since at least 7-14-15. Currently, the injured worker complains of headaches, neck pain, balance problems, and hearing complaints. The treating physician requested authorization for Imitrex 25mg #90 and Cyclobenzaprine 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Imitrex 25 mg #90: 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 Chapter, 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 chapter and pg 34.

Decision rationale: According to the guidelines, triptans such as Imitrex are indicated for migraines. In this case, the claimant's pain was more cervicogenic. The claimant also received relief from Aleve. The use of Imitrex is not indicated for the claimant's diagnoses and is not medically necessary.

Cyclobenzaprine 7.5 mg #60: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Cyclobenzaprine for several months. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.