

Case Number:	CM15-0169304		
Date Assigned:	09/10/2015	Date of Injury:	08/11/2011
Decision Date:	10/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/27/2015

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: Georgia, California, Texas
 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 injured worker is a 56-year-old male who reported an industrial injury on 8-11-2011. His diagnoses, and or impression, were noted to include: discogenic lumbar condition and disc disease; discogenic cervical condition; left shoulder impingement syndrome, status-post decompression and labral repair surgery, and lysis of adhesions (2012 & 2013); and chronic pain related weight gain with sleep disturbance and stress. No current imaging studies were noted. His treatments were noted to include: computed tomography of the low back (2-2014), and magnetic resonance imaging studies of the lumbar spine (2013); electromyogram and nerve studies of the cervical spine- unremarkable; surgery; physical therapy; multi-level cervical facet medial branch blocks (7-24-15); a back brace; hot and cold therapy; neck collar, pillow and air-bladder traction; medication management with toxicology studies; and modified work duties, but was noted to not be working. The physician's progress notes of 8-12-2015 reported explanations for covered body parts, and treatments provided, for this industrial injury claim; that overall the neck had done well over time; a 60 pound weight gain due to continued pain; that he had not worked since 10-22-2011; his financial state; the ability to do household chores gingerly with activity restrictions; that his main complaint at this time was for the lumbar spine for which a discogram was recommended; and that he does get headaches several times a month. Objective findings were noted to include: abduction being roughly 110 degrees with mild tenderness along the rotator cuff, and weakness to resisted function; internal rotation of 70 degrees with external rotation 50 degrees; tenderness along the lumbar spine with positive facet loading; and a thorough review of requests for treatments and Utilization Review determinations, stemming back months, for multiple medications and services. The physician's requests for treatments were noted to include a prescription for Norflex to help him sleep, and the need for Maxalt for his

headaches. The Utilization Review of 8-24-2015 non-certified the request for 12 tablets of Maxalt and 60 tablets of Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxalt 10 mg Qty 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Insomnia treatment; Head - Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Chapter (revised 07/24/15), Triptans.

Decision rationale: MTUS is silent concerning triptans such as Maxalt. ODG recommends Maxalt as a treatment for migraine. Office notes document complaints of headaches several times per month. However, there is insufficient description of the character of the injured worker's headaches in the medical history to establish a diagnosis of migraine. Therefore, medical necessity is not established for the requested Maxalt. The request is not medically necessary.

Norflex 100 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. MTUS does not recommend chronic use of muscle relaxants. MTUS cautions concerning anticholinergic effects and potential for abuse associated with use of orphenadrine (Norflex). Based upon MTUS recommendations, medical necessity is not established for the requested Norflex. The request is not medically necessary.