

<b>Case Number:</b>	CM15-0203942		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	01/16/2012
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52-year-old female who reported an industrial injury on 1-16-2012. Her diagnoses, and or impressions, were noted to include: cervicgia; headache; post-lumbar laminectomy syndrome; and continued opioid-type dependence. No current imaging studies were noted. Her treatments were noted to include: right knee brace and physical therapy; medication management with toxicology studies; and rest from work. The progress notes of 9-9-2015 reported: no change in pain to her head, neck, right shoulder, right arm, right elbow, right hand-thumb, or bilateral legs-knees; rating of her pain as 5-9 out of 10, associated with numbness, tingling and weakness, aggravated by movements and activities, and relieved by rest, ice therapy, leaning forward, and medications; that her pain limited her ability to function resulting in her avoiding sexual activities and going to work and socializing; and of continued bladder problems with losing urine. The objective findings were noted to include: obesity; the appearance of depression; an antalgic gait with use of crutches; uncomfortable sitting; tenderness over the bilateral cervical superior trapezius and levator scapulae; limited lumbar range-of- motion with tenderness over the bilateral lumbar par-spinal muscles, consistent with spasms, and positive bilateral facet loading maneuver; positive right sacroiliac joint tenderness; decreased bilateral upper and lower extremity deep tendon reflexes; and positive THC in the drug screen. Her current medications on 8-12-2015 were noted to include Sumatriptan 100 mg daily as needed #30 NOT prescribed, Cyclobenzaprine was noted. The physician's requests for treatment were noted to include the continuation of Sumatriptan 100 mg, daily as needed, #30; and dispensement with prescription for Cyclobenzaprine 7.5 mg, twice a day, #60 for a second-

line muscle relaxant. The Request for Authorization, dated 9-14-2015, was noted to include: Sumatriptan 100 mg, daily as needed, #30; and Cyclobenzaprine 7.5 mg, twice a day, #60. The Utilization Review of 10-82015 non-certified the request for Cyclobenzaprine 7.5 mg; and modified the request for Sumatriptan 100 mg #30, to #9.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Sumatriptan 100mg #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, Head.

**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 and Other Medical Treatment Guidelines  
[http://www.drugs.com/dosage/sumatriptan.html#Usual\\_Adult\\_Dose\\_for\\_Migraine](http://www.drugs.com/dosage/sumatriptan.html#Usual_Adult_Dose_for_Migraine).

**Decision rationale:** Sumatriptan 100mg #30 is not medically necessary as written per the ODG guidelines. The MTUS does not address Sumatriptan. The ODG recommends triptans for migraine sufferers. The ODG states that at marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. An online review of this medication states that use of this medicine for 10 or more days per month may exacerbate headaches. The request for a quantity of 30 is not medically necessary, as the guidelines do not recommend using this for more than 10 days per month. Additional Sumatriptan is not necessary without evidence of efficacy. Therefore, the request for Sumatriptan 100mg #30 is not medically necessary.

#### **Cyclobenzaprine 7.5mg #60: Upheld**

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

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

**Decision rationale:** Cyclobenzaprine 7.5mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine long term. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week MTUS recommended time period for this medication. The request for Cyclobenzaprine is not medically necessary.