

<b>Case Number:</b>	CM15-0022269		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old female, who sustained an industrial injury on 3/9/11. She reported initial complaints of head/concussion loss of consciousness injury. The injured worker was diagnosed as having headache; cervicgia; anxiety states; neurotic depression; other organic psych condition; prolonged posttraumatic stress disorder; psychogenic pain; depressive psychosis; insomnia; opioid type dependence; organic brain syndrome; tempomandibular joint disease; joint pain-shoulder; superior glenoid labrum lesion . Treatment to date has included chest x-ray (11/14/14); acupuncture; medications. Currently, the PR-2 notes dated 12/16/4 indicate the injured worker complains of constant pain. She complains of pain to the back, shoulders, neck, and head with pain levels at 9/10. She continues to complain of neck and upper back pain that is not successfully addressed with pain medication. She indicates that she does try to take some brief walks to unlock her back pain and uses the H-wave machine constantly at home along with a cane to walk. Utilization Review had notes after this date of service but was not submitted for this review. That provider is requesting. Celexa 40mg # 30, Flexeril 10mg # 30 and Sumatriptan Injections 6mg Sc #8.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Flexeril 10mg # 30 is not medically necessary and appropriate.

**Sumatriptan Injections 6mg Sc #8:** 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 ODG, Head, Triptans, page 221.

**Decision rationale:** Sumatriptan Succinated (Imitrex) Tablets are indicated for the acute treatment of migraine attacks with or without aura in adults. Serious cardiac events, including some that have been fatal, have occurred following the use of Imitrex Injection or Tablets. These events are extremely rare and most have been reported in patients with risk factors predictive of CAD. Events reported have included coronary artery vasospasm, transient myocardial ischemia, myocardial infarction, ventricular tachycardia, and ventricular fibrillation. The medical report from the provider has no documentation for medical necessity of this medication and how it relates to the diagnoses for injury in question. Submitted reports have not demonstrated symptom complaints, clinical findings, or diagnoses of migraine headaches to support its use. There is no history of head trauma defined. The patient has no confirmed diagnostic pathology on imaging study, electrodiagnostics or clinical examination to support treatment of migraines as it relates to injury under review. Sumatriptan Injections 6mg Sc #8 is not medically necessary and appropriate.