

Case Number:	CM15-0215572		
Date Assigned:	11/05/2015	Date of Injury:	01/19/2015
Decision Date:	12/16/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 42 year old female with a date of injury on 1-19-15. A review of the medical records indicates that the injured worker is undergoing treatment for neck and back pain. Progress report dated 9-25-15 reports continued complaints of neck, mid and lower back pain. The symptoms are unchanged since the last visit. She is having migraine headaches 2 times per week. The neck pain is constant, pinching and radiates into her right upper back with numbness and tingling in her entire right hand including all fingers. The pain is rated 5 out of 10 and is 100 percent right sided. Mid and lower back pain is constant, sore pain rated 3 out of 10. She states she is having a lot of discomfort due to migraine headaches and over the counter medications do not provide relief. Objective findings: cervical right sided tenderness, full active range of motion in all directions except cervical extension, spurlings test negative bilaterally and she walks with a normal gait. MRI cervical spine 2-27-15 facet hypertrophy with right and left foramina stenosis. Treatments include: medication, physical therapy (50 plus sessions helped increase range of motion and decrease pain in mid and lower back) and acupuncture (13 sessions helped decrease headaches). As of 7-30-15 she was taking treximet for migraine headaches and Cyclobenzaprine was ordered at 7-30-15 visit. Request for authorization was made for Cyclobenzaprine 7.5 MG quantity 30 and Fioricet 50-325-40 MG quantity 60. Utilization review dated 10-26-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 MG #30: 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: The claimant sustained a work injury in January 2015 when she was reaching on a ladder and fell, landing on her left shoulder. She had physical therapy with completion of 23 treatments as of 06/02/15 and was being treated for pain throughout the spine. She was seen for an initial evaluation by the requesting provider in June 2015. She had pain ranging from 2-8/10. Treatments had also included 4-5 sessions of acupuncture. She was having neck pain and headaches. She was having radiating symptoms into the upper extremities. She was having mid and low back pain with lower extremity radiating symptoms. Medications included Flexeril and Treximet was being prescribed for migraines. Medications were decreasing pain by 50% lasting for five hours. Additional acupuncture treatments, electrodiagnostic testing, and a neurology consult were requested the electrodiagnostic testing was done in July 2015 and was normal. When seen in September 2015 her symptoms had remained the same. She was having severe migraines two times per week. She was not currently taking any prescription medications. Over the counter medications were not providing significant relief of her migraines. She had pain rated at 3-5/10. Physical examination findings included right occipital nerve tenderness. She had right-sided cervical paraspinal, middle trapezius, and rhomboid muscle tenderness. There was decreased cervical spine extension. She had decreased right upper extremity sensation. Fioricet was prescribed for headaches. Flexeril was prescribed at 7.5 mg #30. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and this medication had been prescribed previously on a long-term basis. Prescribing Flexeril is not medically necessary.

Fioricet 50/325/40 MG #60: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

Decision rationale: The claimant sustained a work injury in January 2015 when she was reaching on a ladder and fell, landing on her left shoulder. She had physical therapy with completion of 23 treatments as of 06/02/15 and was being treated for pain throughout the spine. She was seen for an initial evaluation by the requesting provider in June 2015. She had pain

ranging from 2-8/10. Treatments had also included 4-5 sessions of acupuncture. She was having neck pain and headaches. She was having radiating symptoms into the upper extremities. She was having mid and low back pain with lower extremity radiating symptoms. Medications included Flexeril and Treximet was being prescribed for migraines. Medications were decreasing pain by 50% lasting for five hours. Additional acupuncture treatments, electrodiagnostic testing, and a neurology consult were requested the electrodiagnostic testing was done in July 2015 and was normal. When seen in September 2015 her symptoms had remained the same. She was having severe migraines two times per week. She was not currently taking any prescription medications. Over the counter medications were not providing significant relief of her migraines. She had pain rated at 3-5/10. Physical examination findings included right occipital nerve tenderness. She had right-sided cervical paraspinal, middle trapezius, and rhomboid muscle tenderness. There was decreased cervical spine extension. She had decreased right upper extremity sensation. Fioricet was prescribed for headaches. Flexeril was prescribed at 7.5 mg #30. In terms of the claimant's headaches, these are not adequately described in terms of the location, character, frequency, or duration. Classification of her headaches cannot be determined. Barbiturate-containing analgesic agents such as Fioricet are not recommended for chronic pain. The Beers criteria for inappropriate medication use include barbiturates. There is a high potential for drug dependence and no evidence to show a clinically important increased analgesic efficacy due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Additionally, in this case, classifying the claimant's headaches would be expected to identify appropriate alternative treatments and preventative measures. Prescribing Fioricet is not medically necessary.