

Case Number:	CM15-0036790		
Date Assigned:	03/05/2015	Date of Injury:	03/12/2014
Decision Date:	04/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/26/2015

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, Arizona
 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 patient is a 38-year-old female with a date of injury of 03/12/2014. The mechanism of injury was due to hitting her head on a table and losing consciousness. The patient's diagnoses include ongoing untreated temporomandibular joint syndrome, ongoing muscle contraction and vascular headaches, past history of reported concussion, head trauma and subdural hematoma on 03/12/2014, and closed head injury without definite concussion. The records indicate that the patient underwent rehabilitation and a treatment program to help her head injury. Diagnostic imaging includes a CT of the brain that was performed after the initial injury and a repeat scan of the brain on 04/12/2014 that was revealed a closed head injury with post-concussion syndrome. There was no relevant surgical history submitted for review. On the visit note dating 01/09/2015 the subjective complaints from the patient included ongoing severe migraine headaches and vomiting. Objective findings on physical exam included normal neurological examination with normal strength, sensation and reflexes in the upper and lower extremities. Medications of the patient included Topamax, and clonazepam. The treatment plan from visit date 01/09/2015 included starting the patient on Phenergan 25mg to treat the nausea, and Zanaflex 4mg to help with muscle spasms to relieve some of the headache discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Guideline recommendations for Zanaflex state it can be taken with caution as a secondary option for short-term treatment of acute exacerbations in patients with chronic lower back pain. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on these guidelines and the documentation submitted for review, this medication is not medically necessary. This medication is recommended for treatment of chronic lower back pain, which this patient shows no history or symptomology of. The request is also lacking a dose in which the patient is intended to take the medication. Therefore, the request is non-certified.

Phenergan 25mg #25 with 1 refill: 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), Pain Antiemetics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetics (for opioid nausea).

Decision rationale: The request for Phenergan 25mg #25 with 1 refill is not supported. Guidelines recommend Phenergan as a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion, and sedation. Based on these guidelines, the use of the medication is not warranted. The medication is recommended in pre-operative and post-operative situations, and is not recommended for the treatment of acute disorders. In addition, the request fails to include the dosing of intended use. Given the above, the request is not medically necessary.