

Case Number:	CM15-0039159		
Date Assigned:	03/09/2015	Date of Injury:	12/09/1996
Decision Date:	04/10/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/02/2015

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: California

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:

The injured worker is a 51-year-old female, who sustained an industrial injury on 12/09/1996. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having pain to the thoracic spine, headache, right occipital neuralgia, myofascial pain syndrome, lumbar radiculopathy, lumbar facet arthropathy, cervical facet arthropathy, cervical radiculopathy, sacroiliac joint dysfunction, chronic low back pain, cervicgia, and chronic pain post motor vehicle accident. Treatment to date has included medication regimen and physical therapy with home exercise program. In a progress note dated 02/05/2015 the treating provider reports sharp, stabbing, pressure, and electrical/shooting type pain to the cervical area, lower back, and upper back pain that radiates to the lower extremities and associated symptom of spasms. The current pain level is rated a four on a good day and a nine on a bad day. The treating physician requested the medications of Zanaflex and Imitrex noting that the injured worker is currently on these medications. Other medications include Percocet 10/325 every 4-6 hours prn.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Zanaflex 4mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: In general MUTS Guidelines do not recommend the chronic use of muscle relaxants, in particular the sedating class is not recommended. However, Zanaflex is somewhat of an exception to this recommendation. Guidelines point out that there is good medical evidence for its use in chronic pain syndromes including chronic myofascial pain which this individual has as a component of her pain. Under these circumstances, the use of Zanaflex is supported by Guidelines and is medically necessary.

(1) Prescription of Imitrex 100mg #90: 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 (trauma, headaches, etc, not including stress & mental disorders).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/imitrex-drug/medication-guide.htm>.

Decision rationale: MTUS Guidelines do not address this issue. Imitrex is to be utilized on an as needed basis for migraine headaches. It is not recommended for daily use. The physician narratives mention #9 tabs recommended and not the #90 that communicated through utilization review. The #9 tabs would be a usual and customary number for a months supply with an individual who as a significant number of migraine headaches. The #90 tabs per month would very extremely unlikely and unsupported medical practice. The Imitrex 100mg. #90 is not supported by standard drug recommendations, does not appear to be the physicians intention and is not medically necessary.