

Case Number:	CM15-0042320		
Date Assigned:	03/12/2015	Date of Injury:	12/23/2005
Decision Date:	05/08/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/05/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 43 year old male, who sustained an industrial injury on 12/23/2005. He has reported being struck by a 1000 pound vault door resulting in headaches, neck pain, dizziness, nausea, and occasional swelling of neck and cervical area. The diagnoses have included left cervical strain, confirmed facet syndrome C3-5, rule out discogenic pain, mixed headache syndrome with myofascial and migrainoid components, referred pain into left arm, rule out post concussive syndrome with possible neuropsychological aberrancies. Treatment to date has included medication therapy, physical therapy, and home exercise. Currently, the IW complains of pain 4-8/10 VAS, daily headaches, and cognitive issues, memory problems and judgment issues. The physical examination from 12/18/14 documented decreased cervical Range of Motion (ROM) with palpable left sided trigger points. The plan of care included medication therapy with pending repeat medial branch blocks and possible rhizotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxalt 10mg quantity 9: 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 UpToDate.

Decision rationale: Rizatriptan (Maxalt) is a 5-HT₁ receptor agonist of the triptan class. It is indicated for the treatment of migraine headaches. In this case, the patient has a diagnosis of mixed headache syndrome with myofascial and migraine components. There is no specific documentation regarding the relief the patient has from the use of this medication. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Tizanidine 4mg quantity 60: Upheld

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

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

Decision rationale: Zanaflex (Tizanidine) is a centrally acting alpha₂-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to the CA MTUS Guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is also no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case, the medication helped the patient sleep, however, it caused nausea and was subsequently discontinued. Medical necessity for the requested medication has not been established. The medication is not medically necessary.

Frova 2.5mg quantity 12: 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: Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.

Decision rationale: Frovatriptan (Frova) is a 5-HT₁ receptor agonist of the triptan class. It is indicated for the treatment of migraine headaches and for short term prevention of menstrual migraines. In this case the patient has a diagnosis of mixed headache syndrome with myofascial and migraine components. There is no specific documentation regarding the relief the patient receives from use of this medication. In addition, the patient was prescribed another triptan medication, Maxalt. There is no indication for treatment of headaches with 2 triptan medications. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Halcion 0.25mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Triazolam (Halcion) is a central nervous system depressant in the benzodiazepine class. It possess pharmacological properties similar to that of other benzodiazepines, but is generally used as a sedative to treat severe insomnia. According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, there was no documentation regarding a comprehensive work-up regarding potential sources of the patient's insomnia prior to prescribing medication. There is no documentation provided of any specific benefit from use of this medication. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Belsomra 20mg quantity 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL: <http://www.ncbi.nlm.nih.gov/pubmed/25227290>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.

Decision rationale: Suvorexant (Belsomra) is a selective dual orexin receptor antagonist indicated for the treatment of insomnia. It is effective for the insomnia, at least for four weeks and as compared to a placebo. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, there was no documentation regarding a comprehensive work-up regarding potential sources of the patient's insomnia prior to prescribing medication. There is no documentation provided of any specific benefit from use of this medication. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.