

Case Number:	CM15-0044759		
Date Assigned:	03/16/2015	Date of Injury:	06/21/2013
Decision Date:	05/08/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/09/2015

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 58-year-old male who reported an injury on 06/21/2013. The mechanism of injury was not specifically stated. The current diagnoses include cervicalgia, degeneration of cervical intervertebral disc, brachial neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, lumbago, lumbosacral spondylosis without myelopathy, muscle spasm, spinal stenosis, osteoarthritis of the spinal facet joint, insomnia, pain in the right arm, headache, chronic pain syndrome, myofascial pain, migraine, neck sprain, cervical spondylosis without myelopathy, lumbar sprain, and lumbosacral spondylosis without myelopathy. The injured worker presented on 02/06/2015 for a follow-up evaluation. The injured worker reported constant aching neck pain with intermittent throbbing sensation in the bilateral upper extremities, as well as intermittent cervicogenic headaches. The injured worker also reported insomnia secondary to pain. Upon examination, there was limited cervical range of motion, significant spasm and twitching upon palpation of the trapezius and levator scapulae muscles, positive facet loading upon extension, positive facet tenderness, radicular pain in a C7 distribution bilaterally, 5/5 motor strength in the bilateral upper extremities, intact sensation in the bilateral upper extremities, limited lumbar flexion to 45 degrees with moderate pain, limited lumbar extension to 10 degrees, facet tenderness in the lumbar spine, negative straight leg raise, and a mildly antalgic gait. Recommendations at that time included a refill of Butrans, Norco, Ambien, Cymbalta, Fexmid, and Imitrex. The provider also recommended a C5-6 cervical epidural steroid injection, as well as bilateral deep cervical muscle injection to decrease muscle spasm. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #90: Upheld

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

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. According to the documentation provided, the injured worker has utilized Flexeril since 07/2014. There is no documentation of objective functional improvement. Guidelines do not support long-term use of this medication. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Imitrex 25mg #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 (ODG): Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans.

Decision rationale: The Official Disability Guidelines recommend triptans for migraine sufferers. In this case, the injured worker does maintain a diagnosis of migraines. However, the injured worker has utilized the above medication since 10/2014 without any evidence of objective functional improvement. The injured worker continues to report intermittent cervicogenic headaches. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review of documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has utilized the above medication since at least 07/2014. There is no documentation of objective functional improvement. The injured worker continues to report persistent pain and insomnia secondary to pain. There is also no documentation of a written consent or agreement for chronic use of an opioid. Previous urine toxicology reports were not provided documenting evidence of patient compliance and nonaberrant behavior. There was also no frequency listed in the request. As such, the request is not medically appropriate.

Ambien 5mg #30: 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, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. While it is noted that the injured worker reported insomnia secondary to chronic pain, there is no documentation of a failure of nonpharmacologic treatment prior to the initiation of a prescription product. Additionally, there is no frequency listed in the request. Therefore, the request is not medically appropriate at this time.