

Case Number:	CM15-0051804		
Date Assigned:	03/25/2015	Date of Injury:	09/29/2011
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/19/2015

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: Family Practice

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 46 year old male who sustained an industrial injury on 9/29/11. The injured worker reported symptoms in the cervical spine and upper extremities. The injured worker was diagnosed as having cervical discopathy. Treatments to date have included injections, physical therapy, acupuncture treatment, home stretching, and oral analgesic. Currently, the injured worker complains of cervical spine pain with radiation to the upper extremities as well as associated headaches. The plan of care was for medication prescriptions, an inversion table and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine (Flexeril) Page(s): 63-66, 41.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. The medical records indicate that the injured worker has been prescribed muscle relaxants for an extended period of time. Chronic use of muscle relaxants is not supported and as such the request for Cyclobenzaprine 7.5 mg #120 is not medically necessary.

Sumatriptan 25mg #18: 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 Official Disability Guidelines, Head Chapter and <http://www.nlm.nih.gov/medlineplus/ency/article/000709.htm>.

Decision rationale: According to the Official Disability Guidelines, Triptans are recommended for migraine sufferers. According to [nlm.nih.gov/medlineplus/](http://www.nlm.nih.gov/medlineplus/), a migraine is a type of headache. It may occur with symptoms such as nausea, vomiting, or sensitivity to light. In this case, the request is for headaches that are migraine in nature and are associated with neck pain. However, there are no symptoms such as nausea, vomiting or light sensitivity to support a diagnosis of migraine. The request for Sumatriptan 25mg #18 is not medically necessary.

One (1) Inversion table: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, and Lumbar Chapter.

Decision rationale: According to the ACOEM guidelines, there is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. The Official Disability Guidelines recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. In this case, the request is for an inversion table for the cervical spine. While ODG's low back

chapter addresses inversion tables and notes that inversion tables involve hanging upside down or at an inverted angle with the intention of therapeutic benefits via traction, there is no evidence that an inversion table is supported for cervical conditions. The request for One (1) Inversion table is not medically necessary.