

Case Number:	CM15-0059210		
Date Assigned:	04/03/2015	Date of Injury:	06/18/2004
Decision Date:	05/14/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/30/2015

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 50 year old male, who sustained an industrial injury on June 18, 2004. The injured worker had reported low back pain. The diagnoses have included lumbar discopathy with disc displacement and bilateral sacroiliac arthropathy. Treatment to date has included medications, radiological studies, physical therapy, aquatic therapy, psychiatric evaluation and a lumbar fusion. Current documentation dated February 12, 2015 notes that the injured worker reported persistent residual lumbar pain especially over the sacroiliac joints with radiation to the bilateral lower extremities. Associated symptoms included numbness and tingling. Physical examination of the lumbar spine revealed tenderness to palpation and a decreased range of motion secondary to pain and stiffness. Fabere's and Patrick's tests were noted to be positive. The treating physician's plan of care included a request for one home exercise program, Maxalt 5 mg # 18 and the topical compound cream of Cyclobenzaprine 10% and Tramadol 10%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxalt 5mg #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, Rizatriptan (Maxalt).

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

Decision rationale: MTUS guidelines do not address the use of Rizatriptan (Maxalt) for headaches. Rizatriptan (Maxalt) is a triptan drug developed by ██████████. for the treatment of migraine headaches specifically. The patient reported having headaches but they were not reported to be migraine in nature. Review of medical records and ODG recommendations suggest that the use of Rizatriptan (Maxalt) 5mg #18 is not medically indicated for this injured worker. The request for Rizatriptan (Maxalt) 5mg #18 is determined to not be medically necessary.

Topical Compound: Cyclobenzaprine 10%, Tramadol 10% Cream, 15 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Guidelines state that there is no evidence for use of muscle relaxants as a topical product. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Therefore Cyclobenzaprine 10%, Tramadol 10% cream, 15 grams is not medically indicated. The request for Cyclobenzaprine 10%, Tramadol 10% cream, 15 grams is determined to not be medically necessary.