

Case Number:	CM15-0082139		
Date Assigned:	05/04/2015	Date of Injury:	09/15/2003
Decision Date:	06/09/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/29/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old female sustained an industrial injury to the cervical spine, bilateral shoulder and bilateral upper extremities on 9/15/03. Previous treatment included magnetic resonance imaging, acupuncture, epidural steroid injections, trigger point injections, facet joint injections, radiofrequency ablation, transcutaneous electrical nerve stimulator unit, functional restoration program and medications. In a visit note dated 1/22/15, the injured worker reported that recent acupuncture helped to reduce the frequency of her migraines. The injured worker reported that she continued to get approximately four migraines per month that lasted for 2-3 days each. The injured worker reported that migraines were made better with rest and medications. Current diagnoses included cervical disc displacement without myelopathy. The treatment plan included six sessions of acupuncture and a request for authorization for medications (Topamax, Sumatriptan, Cyclobenzaprine, Norco and Nabumetone).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Pantoprazole 20mg #30 1/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. The medical records provided for review do not document a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. As such, the medical records do not support a medical necessity for omeprazole in the insured congruent with ODG, and the request is not medically necessary.

Retro Sumatriptan Succinate-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 - Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - head, migraine.

Decision rationale: The medical records provided for review do not document headache frequency, severity, or associated signs and symptoms with demonstration of a diagnosis of migraine headache. ODG supports sumatriptan for migraine headaches. In the absence of demonstrated diagnosis of migraine, sumatriptan is not medically necessary.

Retro Cyclobenzaprine-Flexeril 7.5mg #90 1/22/15: 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 flexeril Page(s): 41.

Decision rationale: MTUS guidelines support the use of flexeril for short-term therapy for treatment of muscle spasms. The medical records provided for review indicate treatment with flexeril (orphenadrine) but does not document/ indicate specific functional benefit or duration of any benefit in regard to muscle relaxant effect. As such, the medical records do not demonstrate objective functional benefit or demonstrate intent to treat with short-term therapy in congruence with guidelines. The request, therefore, is not medically necessary.