

Case Number:	CM13-0070350		
Date Assigned:	01/03/2014	Date of Injury:	11/29/2012
Decision Date:	03/30/2015	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/24/2013

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: Texas, Ohio, 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 applicant is a represented 27-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of November 29, 2012. In a Utilization Review Report dated December 12, 2013, the claims administrator failed to approve request for Flexeril and Imitrex. Tramadol, conversely, was approved. The claims administrator referenced an RFA form received on December 5, 2013 in its determination. The applicant's attorney subsequently appealed. On September 18, 2013, the applicant reported ongoing complaints of neck, shoulder, and elbow pain, aggravated by pushing, pulling, lifting, and reaching overhead. The applicant received Toradol injection. Additional physical therapy and a TENS unit were endorsed. The applicant was placed off of work, on total temporary disability. The applicant's medication list was not detailed. On August 26, 2013, the applicant was placed off of work, on total temporary disability, while elbow MRI imaging was pending. Once again, no discussion of medication efficacy transpired. On May 15, 2013, the applicant was placed off of work, on total temporary disability owing to multifocal complaints of neck, shoulder, and elbow pain. Naproxen, Prilosec, Zofran, Flexeril, Imitrex, tramadol, and Medrox were endorsed, without any explicit discussion of medication efficacy. The attending provider wrote that the applicant did have migraine type headaches, with intermittent spells of nausea. The attending provider stated in another section of the report that Imitrex had effectively attenuated the applicant's migraine type symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUMATRIPTAN SUCCINATE TABLETS 25MG #9, 2 REFILLS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation imitrex tablets - Food and Drug Administration 173 INDICATIONS AND USAGE 174 IMITREX Tablets are indicated for the acute treatment of migraine attacks with or without 175 aura in adults.

Decision rationale: 1. Yes, the request for sumatriptan (Imitrex) was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 47, an attending provider should incorporate some discussion of medication efficacy for the particular condition for which it is being prescribed into his choice of pharmacotherapy. Here, the attending provider did establish that ongoing usage of Imitrex had attenuated the applicant's symptoms of migraine type headaches with associated nausea. The Food and Drug Administration (FDA) label does acknowledge that Imitrex is indicated in the treatment of acute onset migraine headaches. Ongoing usage of the same, thus, was indicated to combat symptoms of migraine headaches if and when they arose. Therefore, the request was medically necessary.

CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: 2. Conversely, the request for cyclobenzaprine (Flexeril) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including naproxen, Imitrex, tramadol, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 120-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.