

Case Number:	CM15-0004912		
Date Assigned:	01/16/2015	Date of Injury:	06/14/2013
Decision Date:	03/11/2015	UR Denial Date:	01/04/2015
Priority:	Standard	Application Received:	01/09/2015

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: Arizona, 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 28 year old male, who sustained an industrial injury on 06/14/2013. He has reported bilateral shoulder pain. The diagnoses have included dentofacial functional abnormality, headache, and concussion. Treatment to date has included medications including Norco, Flexeril, and Maxalt. A progress report from the treating physician, dated 12/10/2014, documented a follow-up examination with the injured worker. The injured worker reported some lessening of the intensity of his headaches, but continues to have the same frequency. Objective findings included normal strength, sensation, and reflexes in the upper and lower extremities. The treatment plan has included increasing Flexeril 10 mg to three times a day; continue with Maxalt 10 mg for headaches; and follow-up evaluation as scheduled. On 01/04/2015 Utilization Review noncertified a prescription of Flexeril 10 mg #90, noting the lack of documentation to establish the need for long-term/chronic usage of Flexeril, The MTUS, Chronic Pain Medical Treatment Guidelines: Cyclobenzaprine (Flexeril) was cited. Utilization Review non-certified a prescription of Maxalt 10 mg #9, noting the lack of documented benefit of using this medication. The Official Disability Guidelines, Treatment Index, 12th Edition, 2014, Head: Rizatriptan (Maxalt) was cited. On 01/09/2015, the injured worker submitted an application for IMR for review of a prescription of Flexeril 10 mg #90; and a prescription of Maxalt 10 mg #9.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 60-61.

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months and was given a high frequency refill as noted above (TID dosing). Continued and prolonged use is not supported by the guidelines and is not medically necessary.

Maxalt 10mg #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), Treatment Index, 12th, Edition, (web), 2014, Rizatriptan (Maxalt)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation head pan and migraine/triptans

Decision rationale: According to the guidelines, Triptans are recommended for migraines. The claimant had headached from an injury/concussion. There was no diagnosis of migraine or headache specificity. The claimant had been on Numerous medications including Topamax to manage pain symptoms. The use of Triptans such as Maxalt is not specified for traumatic brain injury or concussion. There is also no documentation of benefit derived from prior Maxalt use. As a result, the use of Maxalt is not medically necessary.