

Case Number:	CM15-0010721		
Date Assigned:	01/28/2015	Date of Injury:	04/18/2002
Decision Date:	03/18/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/20/2015

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: New Jersey, New York
 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 51 year old male, who sustained an industrial injury on April 18, 2002. He has reported a neck injury. The diagnoses have included status post cervical discectomy and fusion with junctional level pathology, residual right upper extremity paresthesias, left shoulder impingement syndrome, and mild bilateral carpal tunnel syndrome. Treatment to date has included medications, and surgery. Currently, the IW complains of migraine headaches related to chronic cervical spine pain. She is noted to have tenderness with spasms in the cervical spine, and tenderness in the shoulder region. The records indicate he is prescribed Tramadol for pain. On December 26, 2014, Utilization Review non-certified Sumatriptan Succinate 25 mg, quantity #9 with two refills, and modified certification of Cyclobenzaprine 7.5 mg, quantity #30, based on ODG and MTUS guidelines. On January 20, 2015, the injured worker submitted an application for IMR for review of Sumatriptan Succinate 25 mg, quantity #9 with two refills, and Cyclobenzaprine 7.5 mg, quantity #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sumatriptan Succinate 25mg #9 with 2 refills: 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): Mental, Triptans

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head, triptans

Decision rationale: The request for Sumatriptan is not medically necessary. ODG guidelines were used because MTUS does not address this. Sumatriptan is FDA approved for the treatment of migraines. The patient suffers from migraines due to chronic cervical pain. However, the patient is also on Tramadol. When used in combination with a triptan, Tramadol can cause serotonin syndrome, which can be fatal. Therefore, the request is considered not medically necessary.

Cyclobenzaprine 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The use of cyclobenzaprine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The patient is currently on Tramadol as well which may contribute to dizziness and drowsiness as well. The use of cyclobenzaprine with other agents is not recommended. There are statements documenting improvement in pain by 20-25% while using his medications but no specific details are listed as to functional improvement. This muscle relaxant is useful for acute exacerbations of chronic lower back pain but not for chronic use. Therefore, continued use is considered not medically necessary.