

Case Number:	CM15-0124920		
Date Assigned:	07/16/2015	Date of Injury:	09/16/2009
Decision Date:	08/18/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 48 year old female, who sustained an industrial injury on 9/16/09. She reported neck and left arm pain following constant strain of using poor work equipment. The injured worker was diagnosed as having sprains-strains of neck, sprain-strain of arm and shoulder, sprain-strain of thoracic spine and cervical disc displacement. Treatment to date has included Lidoderm patches, oral medications including Norco, Flexeril and Imitrex; cervical epidural injections, physical therapy and activity restrictions. Currently on 5/21/15, the injured worker complains of increasing pain in the neck with radiation down the arms which has triggered migraine headaches. Work status is considered permanent and stationary. Physical exam performed on 5/21/15 revealed tenderness to palpation at the paracervical region bilaterally with mild spasm, painful range of motion and tenderness along the medial border of the scapula bilaterally with no swelling. The treatment plan included (MRI) magnetic resonance imaging of cervical spine and continuation of medications. A request for authorization was submitted on 5/6/15 for (MRI) magnetic resonance imaging of cervical spine, Flexeril and Imitrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Flexeril: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, antispasmodics Page(s): 41-42, 64.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, there is mild spasm in the paracervical region with palpation documented on physical exam. There is no documentation of functional improvement from any previous use of this medication. Furthermore, the injured worker has utilized Flexeril since at least 2010. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. Therefore, the request for Flexeril is not medically necessary.

1 Prescription of Imitrex: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter: Triptans.

Decision rationale: MTUS guidelines are silent on Imitrex; therefore the ODG Guidelines were consulted. ODG Guidelines note triptans are recommended for patients who suffer from migraines. The recent progress notes did not include subjective or objective findings related to headaches and the need for the medication. The treating physician has provided minimal mention of headaches in the reports. There is no account of the specific symptoms, pattern of headaches, and response to any treatment. Although triptans are an option for treatment of migraine headaches per the cited Official Disability Guidelines reference, in this case the treating physician has not provided sufficient clinical information to support the diagnosis and treatment. Therefore, the request for Imitrex is not medically necessary.