

Case Number:	CM15-0062522		
Date Assigned:	04/08/2015	Date of Injury:	05/06/2014
Decision Date:	06/01/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/02/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 34-year-old female sustained an industrial injury to the head on 5/6/14. The mechanism of injury was not provided. In an office visit dated 3/3/15, the injured worker presented with a headache. Previous treatment included physical therapy and medications. The physician described the injured worker as alert, well developed, well nourished with normal, appropriate and positive affect. Physical exam was remarkable for intact mental status to casual conversation with no difficulties with commands, normal speech and normal cognition. Current diagnoses included anxiety, post-concussion syndrome, depression, posttraumatic headache, migraine, visual disturbance and unspecified concussion. The treatment plan included continuing medications (Ultram ER, Zanaflex and Relpax) and continuing physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy (PT) 2 times 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for up to 10 visits for myalgia and myositis. The clinical documentation submitted for review failed to provide documentation of the quantity of previous sessions attended, the objective functional benefit that was received and remaining objective functional deficits. The request as submitted failed to indicate the body part to be treated. The request exceeds guideline recommendations. Given the above, the request for continued physical therapy (PT) 2 times 6 is not medically necessary.

Ultram ER 100 mg T # 30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and objective decrease in pain and documentation the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documented rationale for 1 refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ultram ER 100 mg T # 30 with 1 refill is not medically necessary.

Zanaflex 2 mg tabs # 90 with 1 refill: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional benefit. There was a lack of documented rationale for 1 refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. The duration of use could not be established, however, it was noted this was a current medication and, as such, would exceed guideline recommendations for a maximum of 3 weeks of usage. Given the above, the request for Zanaflex 2 mg tabs # 90 with 1 refill is not medically necessary.

Relpax 40mg Tabs # 9: Upheld

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

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: The Official Disability Guidelines recommend triptans for the treatment of migraine headaches. The clinical documentation submitted for review indicated the injured worker had a complaint of migraine headaches. However, there was a lack of documentation of efficacy for the medication related to the duration of headaches or a change in quality of headaches with the use of the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Relpax 40mg Tabs # 9 is not medically necessary.