

Case Number:	CM15-0067203		
Date Assigned:	04/14/2015	Date of Injury:	05/04/2012
Decision Date:	05/13/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 59-year-old female, who sustained an industrial injury on 5/04/2012. She reported a motor vehicle accident. Diagnoses include double crush syndrome, cervicgia, status post cervical fusion and hardware removal. Treatments to date include activity modification, medication therapy, epidural injection, and physical therapy. Currently, she complained of intermittent cervical pain associated with radiation of pain into upper extremities and headaches. The pain was rated 4/10 VAS. The documentation indicated there was continuation of dysphagia and choking. On 2/11/15, the physical examination documented tenderness to cervical spine with Radiographical imaging revealing no acute findings. The plan of care included continuation of medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Cyclobenzaprine HCL 7.5mg: 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 (Flexeril) Page(s): 41-42 and 64.

Decision rationale: 120 Cyclobenzaprine HCL 7.5mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine significantly longer than the recommended 2-3 week period. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Cyclobenzaprine is not medically necessary.

18 Sumatriptan succinate 25mg: 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, Sumatriptan (Imitrex).

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

Decision rationale: 18 Sumatriptan succinate 25mg is not medically necessary per the ODG. The ODG states that triptans are recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. The documentation indicates that the patient's headaches are "migrainous in nature" however there is no diagnosis of true migraine headaches therefore this medication is not medically necessary.