MAXIMUS Federal Services

Case Number:	CM13-0013343		
Date Assigned:	10/01/2013	Date of Injury:	10/17/1994
Decision Date:	01/15/2014	UR Denial Date:	07/20/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services.

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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain, chronic pain syndrome, hip pain, anxiety, depression, and fibromyalgia reportedly associated with an industrial injury of October 14, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; muscle relaxants; prior lumbar laminectomy and fusion surgery; attorney representation; topical compounds; housekeeping assistance; and extensive periods of time off of work. In a utilization review report of July 20, 2013, the claims administrator certified a request for Neurontin, denied a request for Flexeril, partially certified a request for Clorazepate, partially certified a request for Norco, and denied a request for Zanaflex. The applicant's attorney subsequently appealed. An earlier rheumatology note of September 12, 2013, is notable for comments that the applicant reports continued body pain, chronic fatigue, and difficulty sitting. The applicant is off of work, on total temporary disability. An earlier note of September 13, 2013, is notable for comments that the applicant is having ongoing complaints of pain, which he scores at 5/10 with medications and 9/10 without medications. The applicant states that her pain is worsened. It is stated that the applicant has limitations in terms of activities of daily living such as ambulation, activity, and sleep. She does continue home exercises and is given numerous medications, including Norco, Flexeril, Zanaflex, and Clorazepate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clorazepate 7.5mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24. Decision based on Non-MTUS Citation National Library of Medicine.

Decision rationale: The Chronic Pain Guidelines indicate that benzodiazepines are not recommended for chronic or long-term use purposes, for sleep, anxiety, anticonvulsant effect, or antidepressive effect. The National Library of Medicine indicates that Clorazepate is a benzodiazepine anxiolytic. In this case, as with the other drugs, the applicant has failed to effect any lasting benefit or functional improvement through ongoing usage of Clorazepate. Continuing the same is not indicated, given the applicant's failure to return to any form of work and continued dependence on various medical treatments, including medications. The request for one (1) prescription of Clorazepate 7.5 mg #30 is not medically necessary and appropriate.

Hydrocodone/acetaminophen 10/325mg, #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: The Chronic Pain Guidelines indicate that the cardinal criteria for the continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain effected through ongoing opioid usage. In this case, however, the applicant seemingly meets none of the aforementioned criteria. The applicant has failed to return to work. The applicant remains off work, on total temporary disability. On the most recent progress note provided, the attending provider documents heightened difficulty in performing activities of daily living. While there is some self-reporting reduction in pain through ongoing opioid usage, this is outweighed by her failure to return to work and by her failure to demonstrate any improvement in terms of performance of activities of daily living. The request for one (1) prescription of Hydrocodone/acetaminophen 10/325 mg #75 is not medically necessary and appropriate.

Flexeril 10mg, #60: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that the addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant has used numerous

other analgesic and adjuvant medications. Adding Flexeril to the mix does not appear to be indicated. As with the other drugs, the applicant has failed to clearly demonstrate any functional improvement through prior usage of Flexeril, as evidenced by her failure to return to work and continued dependence on medical treatment. The request for one (1) prescription of Flexeril 10 mg #60 between 6/21/2013 and 9/16/2013 is not medically necessary and appropriate.