

Case Number:	CM13-0021536		
Date Assigned:	11/13/2013	Date of Injury:	07/11/2003
Decision Date:	09/08/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/09/2013

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49 year old female who reported an injury on 07/11/2003. The mechanism of injury information was not provided in the medical record. The patient diagnoses included radiculopathy leg, degenerative disc disorder unspecified, facet arthropathy with referred pain, lumbar stenosis, right knee injury, left knee injury, and spondylolisthesis. The most recent clinical note dated 08/08/2013 reported patient able to work and perform work duties. She continued to have complaints of low back and left lower extremity pain. The patient medication regimen included Norco 10/325 1 tablet every 5 hours, Ambien 10mg at bedtime, Prilosec 40mg daily, Clonazepam 1mg take -1 tablet twice a day as needed for leg cramps, and Klonopin. Of which dosage and frequency was not provided in the medical record. The patient stated she has radicular symptoms at the end of the days. She participates in an exercise program at a gym.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR UNKNOWN AQUA PROGRAM/POOL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: California MTUS does state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. There is no specific documentation of why the patient requires aqua program provided in the medical record. The request is also lacking the specific request, as in the number of session or length of time, and there is no documented objective clinical finding of functional deficits provided. As such the medical necessity for aqua program has not been proven.

PROSPECTIVE REQUEST FOR UNKNOWN PRESCRIPTION OF FLEXERIL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: California MTUS states in most low back pain cases, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Limited, mixed-evidence does not allow for a recommendation for chronic use of Cyclobenzaprine. The patient's pain is chronic at this point and as per California MTUS guidelines, there requested medication is not recommended for chronic pain use. As such, the request for prescription of Flexeril is not medically necessary.

PROSPECTIVE REQUEST FOR UNKNOWN PRESCRIPTION OF KLONAZEPAM:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: California MTUS states benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has been taking the requested medication at least since 05/08/2013, which is exceeds the recommended length of time for benzodiazepines to be taken. As such, the request for prescription of Clonazepam is not medically necessary.