

Case Number:	CM13-0027165		
Date Assigned:	11/22/2013	Date of Injury:	03/31/2001
Decision Date:	02/04/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Ohio and 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 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. 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 38-year-old injured worker who reported an injury on 08/31/2001. The mechanism of injury was not submitted for review. The patient developed chronic neck pain that radiated into the bilateral upper extremities. The patient's chronic pain was managed with medications. The patient was monitored for aberrant behavior with urine drug screens. The patient also received psychiatric supportive care. The patient's diagnoses included cervical radiculitis, lumbar strain, depression and anxiety. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, quantity 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 California MTUS Chronic Pain Medical Treatment Guidelines recommends cyclobenzaprine or Flexeril for short courses of therapy when a skeletal muscle relaxant would benefit the patient. The clinical documentation submitted for review does

provide evidence that the patient has been on this medication for an extended duration of time and that the patient has cervical myofascial tenderness. However, as the patient has been on this medication for an extended duration of time, continued use would not be indicated. The request for Flexeril 10 mg, quantity 60, is not medically necessary and appropriate.

Xanax 0.25mg, quantity 80: 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 rationale:

1 follow up visit with a psychiatrist for management and treatment: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends the continuation of psychiatric care be based on functional benefit determined by objective measures. The clinical documentation submitted for review does provide evidence that the patient has received cognitive behavioral therapy. However, the efficacy of that treatment was not provided. Clinical documentation did not provide any evidence of objective or even subjective measures to support additional psychiatric care. The request of 1 follow up visit with a psychiatrist for management and treatment is not medically necessary and appropriate.