

Case Number:	CM13-0039626		
Date Assigned:	12/20/2013	Date of Injury:	03/17/2011
Decision Date:	05/30/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/07/2013

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 Neurology, has a subspecialty in Neuromuscular 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 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:

██████████ is a 51-year-old man who sustained a work-related injury on March 17, 2011. Subsequently he developed low back pain radiating to the right lower extremity. According to a progress report dated on September 17, 2013, the patient still have low back pain with radiation into the right buttock and right lateral thigh. His physical examination demonstrated lumbar tenderness, restricted lumbar range of motion, and positive lumbar provocative maneuvers. There is decreased sensation in the L5 and S1 dermatomes. The patient was treated with the lumbar epidural injection which provided 50% pain relief of the low back and 60% pain relief in the right lower extremity. Final Determination Letter for IMR Case Number CM13-0039626 3 The treatment has included chiropractic care, TENS units, pain medications, and activity modification. The patient was treated with the Ativan, Zolpidem and Cyclobenzaprine. The patient was diagnosed with lumbar sprain/strain lumbar facet joint arthropathy and lumbar radiculopathy. The provider requested authorization to use the medications mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 10 MG, NINETY COUNT: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than two to three weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. The request for cyclobenzaprine 10 mg, ninety count, is not medically necessary or appropriate.

ATIVAN 1 MG, SIXTY COUNT: 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 Section Page(s): 24.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to four weeks. There is no recent documentation of insomnia related to pain in this case. There is no documentation of rational and efficacy of previous use of Ativan. The request for Ativan 1 mg, sixty count, is not medically necessary or appropriate.