

Case Number:	CM13-0044856		
Date Assigned:	12/27/2013	Date of Injury:	09/12/2003
Decision Date:	04/18/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine and Rehabilitation 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:

This 50 year-old male sustained an injury on 9/12/03 while employed by [REDACTED], [REDACTED]. Requests under consideration include FLEXERIL 10MG #90 and ATIVAN 2MG #90. Report of 9/14/13 from the provider noted the patient has chief complaints of pain; surgery did not help but is moving better. The patient is s/p Disc replacement at L4-5 on 11/11/05; L3 hemilaminotomy, L3-4 micro discectomy, left L4 hemilaminotomy on 7/21/08; fusion of L3-S1 with synthetic bone graft and re-do laminotomy on 10/5/11; with removal of hardware on 7/16/13. Low back pain radiates into the lefts with shooting and shocking pain down the legs. Exam noted patient stood 6'2" weight 196 pounds with BMI 25.2; exam not performed because the patient was in severe distress. Diagnoses included severe lumbar radiculopathy; chronic pain syndrome; and narcotic dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The FLEXERIL 10MG #90 is not medically necessary and appropriate.

ATIVAN 2MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

Decision rationale: Ativan (Lorazepam) is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Ativan/Clonazepam also is used to prevent certain types of seizures. Ativan/Lorazepam is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, kinetic seizures, and myoclonus, as well as Lennox-Gas taut syndrome. Submitted reports have not adequately addressed the indication for Ativan/Lorazepam continued use for the 2003 injury nor is there documented functional efficacy from treatment already rendered. The ATIVAN 2MG #90 is not medically necessary and appropriate.