MAXIMUS Federal Services

Case Number:	CM14-0003795		
Date Assigned:	02/03/2014	Date of Injury:	01/02/2012
Decision Date:	06/20/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/10/2014

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, has a subspecialty in Interventional Spine, 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:

The patient is a 49-year-old male with a date of injury of 1/2/12. Per the progress report dated 11/19/13, the patient still experiences low back pain, some increased pain due to performing exercises at physical therapy, and increased radicular symptoms down the right leg. Examination shows tenderness and spasms, decreased range of motion, and straight leg raise test is slightly positive at 70 degrees on the right side. The diagnosis is work-related injury to the lumbar spine with right lower extremity referral. For treatments, the patient wants to continue physical therapy. The patient is considered temporarily totally disabled and epidural injection may be indicated per agreed medical examiner. A 1/14/14 report by the treating physician is reviewed, which includes no new information. On this date, the doctor reviewed the toxicology report, which tested negative for the medications prescribed, such as Alprazolam. There is an MRI of the lumbar spine from 2/7/13 which reads anterior annular fissures at L3-L4 and L4-L5, mild osteoarthritis of the L4-L5 facets, multilevel degenerative disk changes, and no evidence of nerve compression. An orthopedic progress report from 5/22/13 lists the patient's current medications which include Flexeril, Xanax, and topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

STRAZEPAM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES, 24

Decision rationale: This patient presents with chronic low back pain with radiating symptoms to the lower extremities. An MRI of the lumbar spine showed degenerative disk changes along with some annular tears. The request is for Strazepam which is a temazepam, a benzodiazepine used for sleep. Review of the reports do not actually list this medication in any of the progress reports provided from 2013 through various different physicians including [redacted], [redacted], [redacted], and [redacted]. Again, none of the reports discussed this medication. MTUS Guidelines do not support long-term use of benzodiazepine for chronic pain. In this case, Strazepam is a temazepam and benzodiazepine, and appears to be used on a long-term basis. If this medication is to be used, the treating physician has to explain that this is for short-term use, for less than 2 to 3 weeks' duration; such documentation is not provided. As such, the request is not medically necessary.

THERABENZAPRINE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES, 24

Decision rationale: This patient presents with chronic low back pain with MRI demonstrating degenerative disk changes with annular tears at couple of levels. The request is for Therabenzaprine which is a form of cyclobenzaprine. The MTUS Guidelines do not support long-term use of cyclobenzaprine. Specifically, it is not recommended for more than 3-4 days of use and no more than 2-3 weeks at most. In this case, Therabenzaprine has been prescribed at least from August of 2013 on a long-term basis. As such, the request is not medically necessary.