

Case Number:	CM14-0015613		
Date Assigned:	02/28/2014	Date of Injury:	10/31/2007
Decision Date:	07/31/2014	UR Denial Date:	01/25/2014
Priority:	Standard	Application Received:	02/07/2014

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 Occupational 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:

The patient is a 45-year-old female who has submitted a claim for cervical sprain/strain and lumbar disc disease associated with an industrial injury date of October 31, 2007. Medical records from 2013 were reviewed. The patient complained of neck, back, left hip, and left knee pain. Physical examination showed tenderness over the lumbar spine, and restricted left shoulder and lumbar spine range of motion. Treatment to date has included NSAIDs, opioids, anticonvulsants, muscle relaxants, benzodiazepines, topical analgesics, home exercises, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine is a skeletal muscle relaxant and a CNS depressant that is recommended for a short-course of therapy. The effect is greatest in the first 4 days of treatment. In this case, the

patient was prescribed Cyclobenzaprine since November 19, 2013. However, there were no reports of muscle spasms in the recent progress notes. In addition, there were no reported functional gains from using this medication in this case. Lastly, this medication is recommended as a short-course therapy. Therefore, the request is not medically necessary.

Lorazepam 0.5 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, 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 hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the patient was prescribed Lorazepam since February 15, 2013. However, guidelines recommend the use of this medication for 4 weeks; long term efficacy is unproven. In addition, there were no reported benefits from using this medication in this case. Therefore, the request is not medically necessary.