MAXIMUS Federal Services

Case Number:	CM14-0150299		
Date Assigned:	09/18/2014	Date of Injury:	01/31/2001
Decision Date:	10/17/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/15/2014

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 and is licensed to practice in 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 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:

Medical records reflect the claimant is a 63-year-old female who sustained a work injury on 1-31-01. Medical Records reflect this claimant is status post fusion with hardware at L1-L2 and fusion from L3 to S1. This claimant also has degenerative disc disease at the cervical spine with osteophyte formation. The claimant has been treated with medications, physical therapy, massage, injections, acupuncture, greater trochanter bursa injection, and sacroiliac joint injections. Office visit on 8-21-14 notes the claimant has low back pain worse on the left. She also has neck pain, right shoulder pain, headaches, and stiffness. The claimant has numbness to the upper extremity. The claimant is using medications to include Norco, Fentanyl, Spiriva, Symbicort, Flexiril patches, Ability, Ventolin, Metoprolol, Lorsatan, Metformin, Amlodipine, Lexapro, and Flexeril. This claimant's diagnosis includes depression, sacroiliitis, post lamineocmty syndrome, lumbar intervertebral disc degeneration, lumbosacral spondylosis, muscle spasms, and cervical spondylosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Flexeril10mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - Muscle Relaxants

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG does not support the long-term use of muscle relaxants. There are no extenuating circumstances to support the long-term use of this medication in this case. There is an absence in documentation noting muscle spasms or indication of functional improvement/response to this medication. ODG also notes that Flexeril is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Therefore, the medical necessity of this request is not established.

30 tablets of Ambilify 5mg: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine

Decision rationale: US National Library of medicine reflects that ABILIFY is a prescription medicine used to treat: schizophrenia in people age 13 years and older ,bipolar I disorder in people age 10 years and older, major depressive disorder in adults, as an add-on treatment to an antidepressant medicine when you do not get better with an antidepressant alone, irritability associated with autistic disorder in children and adolescents ages 6 to 17 years old agitation associated with schizophrenia or bipolar disorder. There is an absence in documentation noting that this claimant has any of the conditions listed per US National Library of medicine or that she has failed treatment for depression with an anti-depressant. Therefore, the medical necessity of his request is not established.