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| <b>Case Number:</b>   | CM14-0158090 |                              |            |
| <b>Date Assigned:</b> | 10/01/2014   | <b>Date of Injury:</b>       | 09/05/2008 |
| <b>Decision Date:</b> | 10/28/2014   | <b>UR Denial Date:</b>       | 08/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/26/2014 |

### 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 Emergency 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 injured worker is a 43 year-old female, who sustained an injury on September 5, 2008. The mechanism of injury occurred from being struck by a vehicle while in a crosswalk. Applicable diagnostics are not noted. Treatments have included: lumbar epidural injection, medications, left knee arthroscopy 2010; left knee second surgery August 11, 2011, psychotherapy, acupuncture. The current diagnoses are: left lower extremity RSD, low back pain, lumbar disc disease with radiculitis. The stated purpose of the request for Flexeril (Cyclobenzaprine) 10.0mg #30: refill x2 was not noted. The request for Flexeril (Cyclobenzaprine) 10.0mg #30: refill x2 was denied on August 29, 2014, citing a lack of documentation of spasms on exam and guideline recommendations against long-term usage. The stated purpose of the request for Ativan (Lorazepam) 1mg was for anxiety and sleep. The request for Ativan (Lorazepam) 1mg was denied on August 29, 2014, citing a lack of documentation of medical necessity for the industrial injury and no documentation of insomnia. Per the report dated August 24, 2014, the treating physician noted complaints of pain to the low back, leg, foot and ankle. Exam findings included left leg colder temperature, with modeling and purple color. Per the AME report dated January 7, 2014, future medical treatment included use of anti-depressant medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril (Cyclobenzaprine) 10.0mg #30: refill x2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain to the low back, leg, foot and ankle. The treating physician has documented left leg colder temperature, with modeling and purple color. The treating physician has not documented spasticity or hypertonicity on exam, duration of treatment, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril (Cyclobenzaprine) 10.0mg #30; refill x2 is not medically necessary.

**Ativan (Lorazepam) 1mg:** 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 Page(s): 24.

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has pain to the low back, leg, foot and ankle. The treating physician has documented left leg colder temperature, with modeling and purple color. The treating physician has not documented duration of treatment, the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Ativan (Lorazepam) 1mg is not medically necessary.