

Case Number:	CM14-0075289		
Date Assigned:	07/16/2014	Date of Injury:	09/11/2011
Decision Date:	09/17/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/22/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and bilateral shoulder pain reportedly associated with an industrial injury of September 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; opioid therapy; and transfer of care to and from various providers in various specialties. In a utilization review report dated May 14, 2014, the claims administrator failed to approve a request for quazepam and Flexeril. The applicant's attorney subsequently appealed. In a May 9, 2014, progress note, the applicant presented with multifocal neck, low back, and bilateral shoulder pain, collectively rated as 5/10. The applicant posited that unspecified medications were ameliorating her pain. An electrical muscle stimulator, electrodiagnostic testing of the bilateral lower extremities, Norco, Motrin, Protonix, Flexeril, and quazepam were ordered. The applicant was placed off work, on total temporary disability. It was not stated for what purpose quazepam was being employed. In an earlier note dated April 11, 2014, the attending provider again furnished the applicant with refills of Norco, Motrin, Protonix, Flexeril, and quazepam. The applicant was again placed off work, on total temporary disability, for an additional 45 days. The applicant was described as having a history of psychological stress and sleeplessness in the review of systems section of the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quazepam 15 mg; 1 po qhs #30: Upheld

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

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

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, chronic, long-term usage of benzodiazepines is a treatment of choice in "very few conditions." In this case, the applicant has been using quazepam, the benzodiazepine at issue, for what appears to be well over four weeks, for what appears to be sedative effect purposes. This is not recommended, per page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Quazepam is not medically necessary.

Flexeril; 1 po tid prn #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is "not recommended." In this case, the applicant is, in fact, using a variety of other analgesic and anxiolytic agents, including Norco and quazepam. Adding cyclobenzaprine (Flexeril) to the mix is not recommended. Therefore, the request for Flexeril is not medically necessary.