

Case Number:	CM14-0191638		
Date Assigned:	11/24/2014	Date of Injury:	03/19/2001
Decision Date:	01/09/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/14/2014

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 injured worker is a 51 year old female with the injury date of 03/19/2001. The injured worker presents with pain in her neck and lower back, radiating down upper and lower extremities. Her neck pain radiates up to her head and causes headaches and edema in the left side of the face and neck. The injured worker rates her pain as 6/10. The injured worker presents muscle spasms and tenderness over cervical muscles and the upper trapezius muscles and the rhomboids. The injured worker reports having weakness in her right hand. The injured worker presents decreased range of motion in both the cervical spine and lumbar spine in all directions. Per 09/25/2014 progress report, the injured worker is currently taking Nucynta ER, AcioHex, Flexeril, Paxil, Terocin Patch and Restoril. The injured worker is not currently working. Diagnoses on 09/25/2014: 1) Cervicalgia with bilateral radiculopathy 2) Lumbago with bilateral radiculopathy 3) Myofascial syndrome 4) Cervicogenic headaches with intractable pain 5) Reactive depression and anxiety 6) Frequent falls 7) Spinal cord stimulator trial of the lumbar spine. The utilization review determination being challenged is dated on 10/15/2014. Treatment reports were provided from 04/22/2014 to 09/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The request is for Flexeril 10mg. MTUS guidelines page 63-64 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, the treating physician does not indicate how this medication has helped the injured worker in terms of pain reduction or functional improvement. The treating physician does not indicate that this medication is to be used for a short term. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare up's. Review of the reports show that the injured worker has used Flexeril since at least 04/22/2014. The request is not medically necessary.

Restoril 15mg #60: 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), Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Insomnia Treatment

Decision rationale: The request is for Restoril 15mg #60. The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG guidelines have the following regarding insomnia treatments: "Benzodiazepines: Temazepam (Restoril) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events. Particular concern is noted for injured workers at risk for abuse or addiction. Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use." The injured worker has been utilizing Restoril since at 07/29/2014. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. It is not recommended for a long-term use. The request is not medically necessary.