

Case Number:	CM15-0100744		
Date Assigned:	06/03/2015	Date of Injury:	06/16/2001
Decision Date:	07/07/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

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 52 year old, female who sustained a work related injury on 6/16/01. The diagnoses have included low back pain and reflex sympathetic dystrophy. Treatments have included oral medications, Duragesic patches, Thermacare Heat wraps, lumbar epidural steroid injections, use of spinal cord stimulator, home exercises and acupuncture. In the PR-2 dated 5/4/15, the injured worker complains of bilateral leg pain. The pain level has increased since last visit. She rates her pain level a 7/10 with medications and a 9/10 without medications. She states her activity level has decreased. She has decreased range of motion in lumbar area due to pain. She has a positive left straight leg raise in sitting at 90 degrees. The treatment plan includes prescription refills for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 15 MG #30: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

Decision rationale: According to the 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. The MTUS Chronic Pain Medical Treatment Guidelines state that the range of action of benzodiazepines includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. According to ODG, Adults who use hypnotics, including benzodiazepines such as Restoril (temazepam), have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics, according to the authors. In 2010, hypnotics may have been associated with 320,000 to 507,000 excess deaths in the U.S. alone. A dose-response effect was evident, with a hazard ratio of 3.60 for up to 18 pills per year, 4.43 for 18-132 pills per year, and 5.32 for over 132 pills per year. (Kripke, 2012) The AGS updated Beers criteria for inappropriate medication use includes benzodiazepines. (AGS, 2012) Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). (Billioti, 2014) Given the risks associated with long term opioid use and specific risks associated with hypnotics such as Restoril, the continued use of this medication is not supported. The request for Restoril 15 MG #30 is not medically necessary or appropriate.

Flexeril 10 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Flexeril Page(s): 63-66, 41.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. The medical records indicate that the injured worker has been prescribed muscle relaxants for an extended period of time. Chronic use of muscle relaxants is not supported and as such the request for Flexeril 10 MG #60 is not medically necessary or appropriate.

