

Case Number:	CM15-0102990		
Date Assigned:	06/05/2015	Date of Injury:	06/18/2003
Decision Date:	07/10/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/28/2015

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: North Carolina
 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:

This 53 year old female sustained an industrial injury to the low back on 6/18/03. Previous treatment included magnetic resonance imaging, physical therapy, psychiatric care, lumbar brace, wrist supports and medications. In a supplemental report dated 4/8/15, the injured worker continuing with widespread pain complaints. A request for aquatic therapy had been denied. Physical exam was remarkable for generalized spine tenderness. The injured worker continuing to wear her lumbar brace and bilateral wrist supports. The physician noted that the injured worker remained off tramadol and narcotics after detoxification. Current diagnoses included chronic widespread pain syndrome, fibromyalgia, history of narcotic dependency - status post detoxification, status post bilateral shoulder arthroscopy with residuals, status post bilateral carpal tunnel release with residuals, hypertension, depression, sleep disturbances and anemia. The treatment plan included an appeal of denial of twelve visits of pool therapy and medications (Azor, Topamax, Robaxin, Restoril, Butrans patch and Prozac).

IMR ISSUES, DECISIONS AND RATIONALES

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

Azor 5/20 #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, azor.

Decision rationale: The ACOEM ODG and California MTUS do not specifically address the requested services. The physician desk reference states the requested medication is indicated as a primary treatment for hypertension. The patient has the diagnosis of hypertension with no contraindications to the medication. Therefore, the request is certified.

Robaxin 750 mg #90: 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): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004). This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not certified.