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| Case Number: | CM15-0167708 | | |
| Date Assigned: | 09/08/2015 | Date of Injury: | 10/15/2012 |
| Decision Date: | 10/08/2015 | UR Denial Date: | 08/18/2015 |
| Priority: | Standard | Application Received: | 08/26/2015 |

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: Texas, 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 43 year old male who sustained a work related injury October 15, 2012. According to a primary treating physician's progress report, dated August 11, 2015, the injured worker presented with increased intermittent low back pain, rated 8 out of 10. He reports taking Norco 3 times a day, Motrin is not of help with pain and other medication is Benadryl. Physical examination revealed; 360+ pounds; normal heel to toe gait without assistive device; lumbar spine - diffuse tenderness, range of motion 80% of normal in forward flexion and 30% of normal in extension, straight leg raise is negative, no sensory hypoesthesia. Diagnoses are discogenic low back pain L4-5; left leg pain and weakness, etiology unclear. Treatment plan included authorized Norco and at issue, a request for authorization for Flexeril and Benadryl. The medication list include Norco, Flexeril, Motrin and Benadryl. Any diagnostic imaging report was not specified in the records provided. Any surgical or procedure note related to this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg by mouth at bedtime prn #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Request: Flexeril 10mg by mouth at bedtime prn #30. According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." According to a primary treating physician's progress report, dated August 11, 2015, the injured worker presented with increased intermittent low back pain, rated 8 out of 10. Physical examination revealed; lumbar spine - diffuse tenderness. Diagnoses are discogenic low back pain L4-5; left leg pain and weakness. The patient also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore, with this, it is deemed that, the use of the muscle relaxant Flexeril 10mg by mouth at bedtime prn #30 is medically appropriate and necessary in this patient.

Benadryl 50mg 1 tab by mouth at bedtime #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 - Insomnia treatment Official Disability Guidelines (ODG), Weaning - Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thompson Micromedex - FDA Labeled indications; Drug- Benadryl.

Decision rationale: Benadryl 50mg 1 tab by mouth at bedtime #60. ACOEM, MTUS and ODG guideline does not specifically address this issue. Hence Thompson Micromedex used. The FDA labeled indications of medication Benadryl include Allergic rhinitis, Anaphylaxis; Common cold, Insomnia, Motion sickness, Parkinsonism and Pruritus of skin. A detailed recent evaluation of insomnia or allergic conditions was not specified in the records specified. The presence of indications of Benadryl were not specified in the records specified. The rationale for the use of Benadryl was not specified in the records specified. The request for Benadryl 50mg 1 tab by mouth at bedtime #60 is not medically necessary for this patient.