

Case Number:	CM15-0182379		
Date Assigned:	09/23/2015	Date of Injury:	08/24/2005
Decision Date:	11/03/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/16/2015

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, 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:

The injured worker is a 38 year old male, who sustained an industrial injury on August 24, 2005, incurring low back injuries. He was diagnosed with lumbar disc disease and lumbar radiculopathy. Treatment included a lumbar discectomy, exercise program, pain medications, sleep aides, muscle relaxants, neuropathic medications, topical analgesic patches, antidepressants, spinal lumbar fusion in July, 2007, sacroiliac injections, and activity restrictions. Currently, the injured worker complained of persistent low back pain and numbness radiating down into the right leg, into his buttocks and hips. He noted the pain was worse with prolonged sitting, standing and walking. Pain medications had given moderate relief and muscle relaxants assisted the injured worker with relief of muscle spasms. He was able to obtain solid sleep at night and felt more rested with the help of medications. The treatment plan that was requested for authorization on September 16, 2015, included prescriptions for Valium 10mg, #90, Flexeril 10mg, #30, and a request for two bilateral sacroiliac joint injections. On September 4, 2015, a request for a prescription for Valium 10mg, #90 was modified to #45, a request for a prescription for Flexeril was denied and a request for bilateral sacroiliac joint injections was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg, #90: Upheld

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): Benzodiazepines.

Decision rationale: CA MTUS states that benzodiazepines such as Valium are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to muscle relaxant effects occurs within weeks. In this case, the patient has been taking benzodiazepines since April of 2012, far exceeding the Guideline recommendations. Therefore, the request for continued chronic Valium is not medically necessary or appropriate.

Flexeril 10mg, #30: Upheld

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), Muscle relaxants (for pain).

Decision rationale: CA MTUS Guidelines state that muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Limited, mixed evidence does not allow for a recommendation for chronic use. The greatest effect of Flexeril appears to be in the first 4 days of treatment, and is not recommended beyond 2-3 weeks total for muscle spasm. In this case, the patient has used Flexeril since at least April 2015, far exceeding recommended Guidelines. Therefore the request is not medically necessary or appropriate.

Two (2) bilateral sacroiliac joint injections: 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), Hip & Pelvis (Acute & Chronic): Sacroiliac injections, therapeutic 2015 and Sacroiliac injections, diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back (injections).

Decision rationale: CA MTUS does not specifically address Sacroiliac (SI) injections. ODG does not recommend SI injections for diagnostic or therapeutic purposes. SI injections are only indicated on a case by case basis for sacroiliitis, which this patient does not have. In this case, it is not clear whether the requested injections are for diagnostic or therapeutic purposes, other neither are recommended. There is no documentation of 3 positive tests as recommended by ODG. There is also a lack of further definitive treatment options. Therefore the request for bilateral SI injections is not medically necessary or appropriate.

