

Case Number:	CM15-0188918		
Date Assigned:	09/30/2015	Date of Injury:	07/09/1992
Decision Date:	11/19/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/25/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old female, who sustained an industrial-work injury on 7-9-92. A review of the medical records indicates that the injured worker is undergoing treatment for chronic headache and cervical radiculopathy. Medical records dated (5-18-15 to 9-8-15) indicate that the injured worker complains of headaches almost daily, neck pain with restricted mobility and pain that spreads to the shoulder area. The physician indicates that she recently stopped taking Topamax because she is taking Celebrex again. She has also trialed and failed Naproxen and Ibuprofen. She rates the pain 5-8 out of 10 on the pain scale which has been unchanged. The pain is increased by work and repetitive motion and decreased with medications. The injured worker states that she is able to function better with use of medications and take care of her paralyzed boyfriend and work. Per the treating physician report dated 8-4-15 the injured worker has returned to work. The physical exam dated 9-8-15 reveals that the injured worker reports headache. The medical record dated 8-4-15 reveals that there is decreased neck range of motion, tenderness to palpation over the cervical spine, and tenderness to palpation over the occipital groove. There is no previous urine drug screen reports noted. Treatment to date has included pain medication including Gabapentin, Zoloft, Cyclobenzaprine, Fiorinal and Clonazepam since at least 5-18-15, activity modifications, pain management, physical therapy, chiropractic, acupuncture, radiofrequency ablation, traction, injections, and other modalities. The request for authorization date was 9-4-15 and requested services included Cyclobenzaprine 1 tab q HS #30, Fiorinal 50-325-40mg 1 cap q 6h PRN #30 and Clonazepam 0.5mg 1 tab q HS #40. The original

Utilization review dated 9-14-15 non-certified the request for Cyclobenzaprine 1 tab q HS #30, Fiorinal 50-325-40mg 1 cap q 6h PRN #30 and Clonazepam 0.5mg 1 tab q HS #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 1 tab q HS #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): Muscle relaxants (for pain).

Decision rationale: MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.

Fiorinal 50/325/40mg 1 cap q 6h PRN #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): Barbiturate-containing analgesic agents.

Decision rationale: MTUS states that barbiturate-containing analgesic agents are not recommended for chronic pain. There is a high potential for drug dependence with this class of medications and no evidence to show a clinically significant benefit from the barbiturate component of this medication. The records do not provide a rationale for an exception to this guideline. This request is not medically necessary.

Clonazepam 0.5mg 1 tab q HS #40: 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: Benzodiazepines are not recommended by MTUS for long-term use due to lack of demonstrated efficacy and a risk of dependence. Tolerance to hypnotic or anxiolytic effects is common, and long-term use may actually increase rather than decrease anxiety. Benzodiazepines are rarely a treatment of choice in a chronic condition. The records do not provide a rationale for an exception to this guideline. This request is not medically necessary.