

Case Number:	CM15-0196538		
Date Assigned:	10/12/2015	Date of Injury:	06/01/2013
Decision Date:	11/19/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/06/2015

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: Emergency Medicine

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, with a reported date of injury of 06-01-2013. The diagnoses include neck pain, cervical postlaminectomy syndrome, brachial neuritis or radiculitis, recurrent moderate major depression, chronic pain syndrome, post-traumatic stress disorder, and pain disorder associated with both psychological factors and a general medical condition. Treatments and evaluation to date have included Percocet, Naproxen, Trazodone, Celexa, Skelaxin (since at least 04-2015), Ativan (since at least 06-2015), and Gabapentin. The diagnostic studies to date have included a urine drug screen on 01-02-2015 which was positive for Oxycodone; a urine drug screen on 04-24-2015 which was positive for Oxycodone; and a urine drug screen on 07-24-2015 which was positive for Oxycodone. The medical report dated 08-28-2015 indicates that the injured worker complained of neck pain, which was rated 5 out of 10. On 07-24-2015, his current pain was rated 7 out of 10. The pain radiated to the left shoulder, right shoulder, and left arm. The morning pain was rated 7-8 out of 10 after he worked out and after taking Percocet, the pain level dropped to 2-4 out of 10 (07-24-2015 to 08-28-2015). It was noted that with the current medication regimen, the injured worker's pain symptoms were adequately managed. The injured worker stated that he had a profound loss of pleasure in all enjoyable activities, tended to worry a lot, and had post-traumatic stress disorder. It was noted that there was no history of any suicidal ideations or suicidal attempt in the past. The physical examination showed tenderness of the cervical paravertebral muscles; tight muscle bands on the both sides; tenderness of the cervical spinous process on C6 and C6; tenderness at the trapezius; painful cervical range of motion; hypertonicity, tenderness, tight muscle band of the thoracic

paravertebral muscles; tight muscle band in T1-T3, and trapezius on both sides; thoracic spinous process tenderness on T1, T2, T3, and T4; painful and full range of motion of the left shoulder; and decreased light touch sensation over the medial forearm and lateral forearm on the left side. The injured worker was temporarily totally disabled until the next appointment. The request for authorization was dated 08-28-2015. The treating physician requested Skelaxin 800mg #30 and Ativan 1mg #30. On 09-09-2015, Utilization Review (UR) non-certified the request for Skelaxin 800mg #30 and modified the request for Ativan 1mg #30 to Ativan 1mg #23.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Metaxalone (Skelaxin), Muscle relaxants (for pain).

Decision rationale: As per MTUS chronic pain guidelines, Skelaxin or Metaxalone is a second line muscle relaxant, recommendation only for short term use. Patient has been on this medication chronically which is not recommended. Skelaxin is not medically necessary.

Ativan 1mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

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

Decision rationale: Ativan or Lorazepam is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long term use. There is strong risk of dependence and tolerance develops rapidly. Review of records show that patient is chronically on this medication. It is unclear why patient is on this medication, whether it is for pain, sleep or anxiety. Either way, chronic use is not recommended. Lorazepam is not medically necessary.