

Case Number:	CM15-0197924		
Date Assigned:	10/13/2015	Date of Injury:	05/08/2006
Decision Date:	11/23/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/08/2015

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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old female, who sustained an industrial injury on 05-08-2006. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar discopathy, lumbar radiculopathy, and lumbar facet syndrome. Medical records (05-13-2015 to 08-17-2015) indicate ongoing low back pain with numbness and tingling in both lower extremities. Pain levels were rated 8-9 out of 10 in severity on a visual analog scale (VAS) on 05-13-2015 which was decreased to 5-6 out of 10 by 07-27-2015. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 07-27-2015, indicated improvement in home exercise program; however, there were no objective findings and no reports of muscle spasms or symptoms of anxiety. Relevant treatments have included: physical therapy (PT), lumbar epidural steroid injections with reported greater than 50% improvement in symptoms, work restrictions, and pain medications (Ativan and Fexmid (cyclobenzaprine) since at least 01-2015). The treating physician indicates that urine drug screening have been consistent with prescribed medications. There were no reported adverse side effects, and a pain agreement was reported to be current and on file. The request for authorization (08-17-2015) shows that the following medications were requested: retrospective Fexmid 7.5mg #60, and retrospective Ativan 2mg #30. The original utilization review (09-23-2015) non-certified the retrospective requests for Fexmid 7.5mg #60 and Ativan 2mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Fexmid 7.5mg #60: 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): Cyclobenzaprine (Flexeril).

Decision rationale: Chronic Pain Medical Treatment Guidelines MTUS 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), page 41-42 of 127. This claimant was injured now over three years ago. There is ongoing neck pain. There was subjective good relief with the medicine, but the objective, functional benefit is not noted. No acute muscle spasm is noted. The MTUS recommends Fexmid, also known as cyclobenzaprine for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. The request is not medically necessary.

Retrospective Ativan 2mg #30 (DOS 6/17/15): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, under Benzodiazepines.

Decision rationale: This claimant was injured now over three years ago. There is ongoing neck pain. There was subjective good relief with the medicine, but the objective, functional benefit is not noted. There is no mention of anxiety or acute muscle spasm which would be prime indicators for Benzodiazepines. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is not medically necessary.