

Case Number:	CM15-0023024		
Date Assigned:	02/12/2015	Date of Injury:	12/27/1999
Decision Date:	04/07/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona
 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 52-year-old female who reported an injury on 12/27/1999. The injured worker reportedly suffered an injury while lifting a paint bucket full of water. The current diagnoses include neck pain, history of C6-7 ACDF, persistent low back pain, left lumbar radiculopathy, cervical spondylosis, and cervical degenerative disc disease. The injured worker presented on 02/16/2015 for a follow-up evaluation with complaints of persistent neck pain with radiation into the left upper extremity. The injured worker also had bilateral groin pain. Upon examination, there was a healed surgical scar at the anterior neck, tenderness over the left acromioclavicular joint, tightness and tenderness over the bilateral upper trapezius muscles and cervical paraspinal muscles, positive straight leg raise on the left, and pain at end range of motion of bilateral hip external rotation. There was decreased sensation to light touch over the fingertips of the left index and middle fingers as well as the left S1 dermatomal distribution. Recommendations included continuation of the current medication regimen of tramadol, ibuprofen, and Flexeril. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend long term use of benzodiazepine because long term efficacy is unproven and there is a risk of dependence. In this case, the injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for a benzodiazepine has not been established. There was also no frequency listed in the request. As such, the request is not medically appropriate.

Flexeril 7.5mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. The injured worker has utilized the above medication since 10/2014. The guidelines do not recommend long term use of this medication. There was no documentation of palpable muscle spasm or spasticity upon examination. There was also no frequency listed in the request. As such, the request is not medically appropriate.