

Case Number:	CM15-0210463		
Date Assigned:	10/29/2015	Date of Injury:	07/11/2003
Decision Date:	12/10/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/26/2015

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: New Jersey

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 51 year old female who sustained an industrial injury on 07-11-2003. According to a progress report dated 09-22-2015, the injured worker was seen in follow up for lower back pain and medication refills. Physical therapy was stopped 3 weeks ago. She was trying to supplement by bike riding and walking. Medications were Norco and Flexeril. She used Norco 2-3 times a day for the acute flares. Pain was rated 4-5 on a scale of 1-10. Average pain was rated 4 with medications and 9 without medications. Norco brought pain down to 3-4 at least. Left leg pain and burning sensations were noted. Flexeril was used for muscle spasms. She was able to walk 3-5 miles per day. Her goal was 8 miles per day. Clonazepam was for cramping. Functional benefits were noted as sleep for more than 3 hours at a time. She was not using much Flexeril and Clonazepam and did not use most days. Ambien was for sleep. With medications, she was able to work 4 hours per day. Assessment included stenosis lumbar, spondylolisthesis, facet arthropathy, withdrawal improvement, anxiety. Prescriptions included Norco, Lisinopril, Zolofit and Cyclobenzaprine. On 10-02-2015, Utilization Review modified the request for Lisinopril 5 mg #30 with 5 refills and non-certified the request for Baclofen 10 mg #60 with 2 refills and Cyclobenzaprine HCL 10 mg #60 with 2 refills. The request for Norco was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lisinopril 5mg #30 with 5 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium, Medical management of adults with hypertension. Southfield (MI): Michigan Quality Improvement Consortium; 2013 Aug. 1 p..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.com, lisinopril (<http://reference.medscape.com/drug/prinivil-zestril-lisinopril-342321#0>).

Decision rationale: The MTUS Guidelines do not address lisinopril use. Lisinopril is an antihypertensive medication approved for use in helping treat acute myocardial infarction, hypertension, heart failure, and also commonly used to treat diabetic nephropathy (off-label). In the case of this worker, there is a history of reactive hypertension related to the injury and her chronic symptoms. The worker was taking both lisinopril and atenolol for this which were helpful at reducing blood pressure as documented in the notes provided. This is a request for renewal for 6 months, which is appropriate considering the chronic nature of her high blood pressure and likelihood that it will not change much if at all over this course of time. It is reasonable and medically necessary to provide a renewal with refills as such, in the opinion of this reviewer.

Baclofen 10mg #60 with 2 refills: 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): Muscle relaxants (for pain).

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there is record of having used both Flexeril and clonazepam for muscle spasm. The request for an additional muscle relaxant (baclofen) is not clearly justified in the notes. There should be no need for multiple muscle relaxant drugs, and there was no explanation for this found in the notes. There was no evidence of muscle spasm on physical examination to justify a short duration of this medication, and since the request for #180 pills suggests an intention to prescribe this for chronic use, which is not recommended by the Guidelines. Therefore, this request for baclofen will be considered medically unnecessary.

Cyclobenzaprine HCL 10mg #60 with 2 refills: 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): Muscle relaxants (for pain).

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there is record of having used Flexeril (cyclobenzaprine) occasionally leading up to this request for back spasms, however, she also used clonazepam for muscle spasm which she stated at working better than Flexeril, causing her to not use Flexeril as often. It is not medically necessary to use more than one medication for muscle relaxing effects, especially if one is not as effective as the other. Regardless, this drug class is not recommended as a chronic medication for the diagnoses listed, according to the MTUS Guidelines. Therefore, this request for Flexeril is not medically necessary.