

Case Number:	CM15-0217606		
Date Assigned:	11/09/2015	Date of Injury:	08/06/2013
Decision Date:	12/21/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/04/2015

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: 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 49 year old male who sustained an industrial injury on 08-06-2013. Treatment to date has included physical therapy, medications, acupuncture, epidural injection into the neck and joint replacement surgery of the right knee. According to a progress report dated 10-21-2015, the injured worker continued to have therapy for the knee and continued to see his surgeon. He used medications for pain relief. He also did a home exercise program. Objective findings of the knee included a healed incision with decreased swelling with good extension with flexion at 100 degrees. Motor strength was 5 minus out of 5. Spurling's was negative. L'hermitte's was negative. Cervical paraspinal muscle tenderness was noted. Range of motion demonstrated extension to 35 degrees, flexion to 40 degrees, right and left rotation to 70 degrees and right and left bending to 30 degrees. Motor strength was 5 out of 5 in the upper extremities. Diagnoses included cervical sprain strain with complaint of radiculopathy and status post right total knee replacement on 08-03-2015. The treatment plan included Restoril, Flexeril, and Norco and continuation of therapy. Work status included modified duties. Documentation submitted for review showed use of Restoril, Flexeril and Norco dating back to April 2015. On 10-29-2015, Utilization Review modified the request for Restoril 30 mg quantity 30 and non- certified the request for Flexeril 10 mg quantity 60. 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:

Restoril 30mg qty 30.00: 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: Review indicates the request for Restoril was modified. Restoril is a benzodiazepine hypnotic often prescribed for the treatment of anxiety/insomnia. Per the MTUS Chronic Pain Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 2013 injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. Submitted reports have not demonstrated any specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered since at least April 2015. The Restoril 30mg qty 30.00 is not medically necessary and appropriate.

Flexeril 10mg qty 60.00: 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): Cyclobenzaprine (Flexeril).

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2013 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use of Flexeril since at least April 2015. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status to support further use as the patient remains unchanged. The Flexeril 10mg qty 60.00 is not medically necessary and appropriate.