

Case Number:	CM15-0036818		
Date Assigned:	03/05/2015	Date of Injury:	04/21/2003
Decision Date:	04/10/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	02/26/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 60-year-old male, who sustained a work/ industrial injury as a production manager on 4/21/03 when he was transferring a sculpture and an object dropped. He has reported symptoms of right shoulder, back and bilateral leg/ knee pain. Prior medical history includes hypertension, gout and bilateral knee surgeries. The diagnoses have included right shoulder type II superior labral anterior posterior (SLAP) tear of the superior labrum, right shoulder acromioclavicular acromioclavicular joint arthritis, right shoulder type II acromion with impingement syndrome, L3-4 stenosis and L4-5 spondylolisthesis, lumbar radiculopathy, chronic intractable pain, and bilateral knee joint degenerative joint disease. Treatments to date included chiropractic care, physical therapy, and surgery. Diagnostics included a Magnetic Resonance Imaging (MRI) of the right shoulder noting small amount of fluid in the subacromial and subdeltoid bursa indicative of active bursitis, tendinosis without tear, type II curvature of the acromion process with joint degeneration of acromioclavicular region, and type II superior labral anterior to posterior SLAP tear. Medications included Celebrex, Flexeril, Norco, Valium, Allopurinol, Lotensin, and Colchicine. The treating physician's report (PR-2) from 2/11/15 indicated the injured worker presented for medication management. Symptoms of continued right shoulder pain that radiated down the upper extremity, rated 8-10/10 without medication and 6-8 with medication use. There was also lower back pain and bilateral knee pain. A refill of Norco 10/325, Celebrex, Flexeril, and Valium was requested and also for radiofrequency ablation at this time. On 2/23/15, Utilization Review modified Flexeril 10mg #60 to Flexeril 10

mg #20 for weaning ; Valium 10mg #60 to Valium 10 mg #20 for weaning, citing the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar radiculopathy chronic; lumbar spinal stenosis chronic; lumbar degenerative disc disease chronic; and acquired spondylolisthesis. The date of injury was April 21, 2003. The documentation states throughout the course of treatment the injured worker has been on opiates, non-steroidal anti-inflammatories, muscle relaxants, and benzodiazepines. On April 29, 2013, in progress note with the same date, indicates the injured worker was taking Flexeril. A February 24, 2015 new patient pain management consultation indicates the injured worker has been taking opiates, non-steroidal anti-inflammatory drugs, muscle relaxants and benzodiazepines. A 90-day supply of Flexeril 10 mg was given to the injured worker. There is no evidence of objective functional improvement with ongoing Flexeril use. Flexeril is indicated for short-term (less than two weeks) treatment of acute low back pain or short-term treatment for acute exacerbation in chronic low back pain. The treating physician exceeded the recommended guidelines short-term use. Consequently, absent compelling clinical documentation with objective functional improvement for continued Flexeril 10 mg, Flexeril 10 mg #60 is not medically necessary.

Valium 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Valium 10 mg #60 is not medically necessary. Benzodiazepines are not

recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are lumbar radiculopathy chronic; lumbar spinal stenosis chronic; lumbar degenerative disc disease chronic; and acquired spondylolisthesis. The date of injury was April 21, 2003. The documentation states throughout the course of treatment using worker has been on opiates, non-steroidal anti-inflammatories, muscle relaxants, and benzodiazepines. On April 29, 2013, progress note with the same date indicates the injured worker was taking Valium. A February 24, 2015 new patient pain management consultation indicates the injured worker has been taking opiates, non-steroidal anti-inflammatory drugs, muscle relaxants and benzodiazepines. A 90-day supply of Valium 10 mg was given to the injured worker. There is no evidence of objective functional improvement with ongoing Valium use. Valium is not recommended for long-term use (longer than two weeks). The treating physician exceeded the recommended guidelines. Consequently, absent compelling clinical documentation with objective functional improvement for continued Valium 10 mg, Valium 10 mg #60 is not medically necessary.