

Case Number:	CM14-0128415		
Date Assigned:	08/18/2014	Date of Injury:	05/11/2003
Decision Date:	09/29/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 69 year old female who reported an injury to her low back as a result of cumulative trauma. The injured worker's date of injury has been listed in the submitted documentation as 05/11/03. The utilization review dated 08/08/14 resulted in denials for both Robaxin and Temazepam as the use of these medications is not supported beyond a short term administration. The clinical note dated 07/24/14 indicates the injured worker complaining of ongoing low back pain. The injured worker was previously diagnosed with adjacent level stenosis at the foramina of L1-2 as well as a progressive intervertebral disc collapse. The note indicates the injured worker rating the low back pain as 6-9/10. Upon exam, strength deficits were identified at the EHL and gastroc musculature that were rated as 4/5. Tenderness was identified at the TL junction when in hyperextension. The clinical note dated 06/11/13 indicates the injured worker continuing with 4/5 strength at the gastroc, peroneals, and posterior tibialis on the left. There was also an indication the injured worker is complaining of radiating pain from the neck into the upper extremities. The clinical note dated 04/08/14 indicates the injured worker having been prescribed the use of Robaxin as well as Ultram and Neurontin for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

45 tablets of Robaxin 500mg between 8/5/2014 and 9/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

Decision rationale: Muscle relaxants are recommended as a second-line option for short-term treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.

30 tablets of Temazepam 30 mg between 8/5/2014 and 9/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines²⁴.

Decision rationale: Benzodiazepines are not recommended for long-term use as long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. As such the request cannot be recommended as medically necessary at this time.