

Case Number:	CM14-0144612		
Date Assigned:	09/12/2014	Date of Injury:	11/12/2012
Decision Date:	10/14/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/06/2014

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 Physical Medicine and Rehabilitation 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 39-year-old male who sustained an injury on 11/12/12. He complained of lower back and bilateral lower extremity pain rated at 5/10. The pain was characterized as aching with radiation to the left thigh, right thigh, left leg, right leg, left foot, and right foot. He stated that medications were helping him and his pain symptoms were adequately managed; he did not show evidence of developing medication dependency. On exam, lumbar ROM was restricted with flexion limited to 80 degrees with pain and extension limited to 10 degrees with pain. SLR was positive on both sides at 90 degrees in sitting position. Motor strength, knee flexor was 4/5 on right and 5/5 on left. He has lumbar midline tenderness with palpation, mild edema, and warm to touch. L-spine MRI revealed mild facet arthropathy and minimal disc bulge at L4-5 and L5-S1; very mild early disc degenerative and facet degenerative changes of the lower L-spine without fracture, subluxation, or central canal stenosis. Current medications include Cyclobenzaprine, Pantoprazole, Quazepam, Tramadol HCL, and Ambien. He underwent acupuncture therapy on 01/24/14. He will be considered MMI if he refused to undergo any further treatment. Diagnoses include lumbago, sprain, and strains of neck, thoracic or lumbosacral neuritis or radiculitis, not otherwise specified, and cervicalgia. The request for decision for Quazepam 15mg #30 was modified to 15 mg #15 and decision for Flexeril (Cyclobenzaprine) 7.5mg #30 was denied on 08/07/14 in accordance with medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quazepam 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

Decision rationale: Per Official Disability Guidelines, Quazepam (Doral) is a FDA-approved Benzodiazepine for sleep maintenance insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). These drugs have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). Particular concern is noted for patients at risk for abuse or addiction. Benzodiazepines are similar in efficacy to Benzodiazepine-Receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use. In this case, proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." Additionally, it is unclear from the records for how long he has been prescribed this medication since guidelines only recommend short-term use. Furthermore, there is no documentation of any significant improvement in sleep with prior use. Thus, the request is not medically necessary and is not medically necessary.

Flexeril (Cyclobenzaprine) 7.5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41.

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine (Flexeril) is recommended as an option, using a short course. The medical records do not document the presence of substantial muscle spasm on examination unresponsive to first line therapy. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. Furthermore, there is no mention of any significant improvement in function with continuous use. Chronic use of muscle relaxants is not recommended by the guidelines. Thus, the medical necessity for Flexeril is not established.