

Case Number:	CM14-0183448		
Date Assigned:	11/10/2014	Date of Injury:	06/26/2000
Decision Date:	12/12/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/04/2014

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:

This 66 year-old patient sustained an injury on 6/26/2000 while employed by the [REDACTED]. Request(s) under consideration include Flexeril 7.5 MG Qty 15 and Restoril 30 MG Qty 90. Diagnoses include probable right SI joint syndrome and s/p lumbar fusion at L4-S1 (June 2003); s/p right knee replacement (May 2004); and s/p left knee replacement (9/24/04). Report of 4/1/14 from the provider noted the patient with low back and bilateral knee pain rated at 5-6/10 down to 3-4/10 with medications; had flared up of her back; doing housework and swimming. Medications list Norco, Relafen, Senokot, and Restoril. Brief exam findings include normal gait/stance; tender across lower lumbar spine; slightly decreased range in all fields. Treatment for massage (had previously through private means) and medication refills. Report of 9/25/14 from the provider noted the patient with chronic unchanged ongoing low back and bilateral knee pain with recent slip and fall in the shower. Pain was rated at 8/10 down to 6/10 with use of Norco. Exam showed unchanged lumbar paraspinal tenderness, spasm and diffuse decreased range of motion in all planes. The request(s) for Flexeril 7.5 MG Qty 15 and Restoril 30 MG Qty 90 were non-certified on 10/2/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 MG Qty 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2000. 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 clinical findings, acute flare-up or new clinical findings to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Flexeril 7.5 MG Qty 15 is not medically necessary and appropriate.

Restoril 30 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Temazepam (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. Submitted reports have not demonstrated any clinical findings or 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 for this chronic 2000 injury. The Restoril 30 MG Qty 90 is not medically necessary and appropriate.