

Case Number:	CM15-0008696		
Date Assigned:	01/26/2015	Date of Injury:	01/20/2004
Decision Date:	07/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/15/2015

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: Emergency 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:

This 56-year-old female sustained an industrial injury on 1/20/04. She subsequently reported back and neck pain. Diagnoses include cervical disc displacement and myalgia and myositis. Treatments to date include prescription pain medications. The injured worker continues to experience neck pain that radiates to the left upper extremity. Upon examination, there were spasm of the cervical and lumbar paraspinals. No new joint swelling or rheumatoid arthritis deformities were noted. The neurological exam was normal. A request for Flexeril and Lisinopril medications was made by the treating physician.

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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Flexeril 10mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has neck pain that radiates to the left upper extremity. Upon examination, there were spasm of the cervical and lumbar paraspinals. No new joint swelling or rheumatoid arthritis deformities were noted. The neurological exam was normal. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 10mg #60, is not medically necessary.

Lisinopril 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Cardiology Foundation, American Heart Association. 2005 guidelines for the diagnosis and management of heart failure in adults (trunc). J Am Coll Cardiol 2009 Apr 14;53(15):e1-e90.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/lisinopril.html>.

Decision rationale: The requested Lisinopril 20mg #30 with 3 refills, is not medically necessary. CA MTUS and ODG are silent. <http://www.drugs.com/lisinopril.html> recommend this ACE inhibitor for hypertensive treatment. The injured worker has neck pain that radiates to the left upper extremity. Upon examination, there were spasm of the cervical and lumbar paraspinals. No new joint swelling or rheumatoid arthritis deformities were noted. The neurological exam was normal. The treating physician has not documented blood pressure improvements with treatment nor hepatorenal testing to rule out potential side effects. The criteria noted above not having been met, Lisinopril 20mg #30 with 3 refills, is not medically necessary.