

Case Number:	CM15-0016396		
Date Assigned:	02/04/2015	Date of Injury:	02/21/2011
Decision Date:	03/20/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/28/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 61 year old female sustained an industrial injury on 2/21/11, with subsequent ongoing low back and bilateral knee pain. Magnetic resonance imaging left knee (9/30/14) showed impingement syndrome with a popliteal fossa cyst and mild chondromalacia. Magnetic resonance imaging lumbar spine (9/27/12) showed mild to moderate degenerative changes with spinal stenosis at L4-5. In a visit note dated 2/22/14, the injured worker complained of bilateral knee pain and lumbar spine pain spreading across both sides of the lumbar spine and into the buttocks. The injured worker reported anxiety and depression due to pain. Physical exam was remarkable for antalgic gait, left knee with tenderness to palpation over the medial joint line with positive crepitus upon range of motion. Current diagnoses included bilateral knee pain, lumbosacral spondylosis and lumbar spine stenosis. Work status was permanent and stationary. The treatment plan included continuing medications (Valium, Cyclobenzaprine, Norco 10-325 and Advil) and adding Remeron. On 1/14/15, Utilization Review modified requests for Valium 10mg/Tab #30; to Valium 10mg/Tab #15 and Norco 10/325mg/Tab #90 to Norco 10/325mg/Tab #60. Utilization Review noncertified a request for Cyclobenzaprine 10mg/Tab #30 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg/Tab; 1 Tab QD For Spasm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

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

Decision rationale: First, long term treatment of muscle relaxants is not a MTUS recommended treatment. Second, benzodiazepines (Valium is a benzodiazepine) are not recommended treatment "due to rapid development of tolerance and dependence." Valium is a controlled substance with a high risk of addiction. There is no documented superiority of Valium over other non-benzodiazepine muscle relaxants in the treatment of muscle spasm. Valium is not medically necessary.

Cyclobenzaprine 10mg/Tab; 1 Tab At Bedtime: Upheld

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

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

Decision rationale: The use of long term muscle relaxants is not a MTUS recommended treatment. Muscle relaxants are associated with decreased mental and physical abilities. Cyclobenzaprine is not medically necessary.

Norco 10/325mg/Tab; 1 Tab TID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: MTUS guidelines note that for on-going opiate treatment there must be objective documentation of analgesia, improved functionality with respect to the ability to do activities of daily living or work, monitoring for adverse effects and monitoring for drug seeking abnormal behavior. The documentation provided for review does not meet the above criteria and Norco TID is not medically necessary.