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| Case Number: | CM15-0114448 | | |
| Date Assigned: | 07/23/2015 | Date of Injury: | 12/06/2000 |
| Decision Date: | 09/18/2015 | UR Denial Date: | 06/08/2015 |
| Priority: | Standard | Application Received: | 06/15/2015 |

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 52 year old, male who sustained a work related injury on 12/6/2000. The diagnoses have included lumbar degenerative disc disease with right-sided radiculopathy, status post partially successful lumbar surgery, right ankle arthropathy, cervical degenerative disc disease with right-sided radiculopathy, right shoulder arthropathy, right cubital and carpal tunnel syndrome, extensive myofascial syndrome reactive sleep disturbance and mild depression and anxiety. Treatments have included medications, TENS unit therapy, physical therapy, lumbar spine surgery, bracing, ice/heat therapy and home exercises. In the PR-2 dated 5/12/15, the injured worker complains of radiculopathy. He walks with an abnormal gait but does not use a cane. He has a positive right straight leg raise. Sensation is decreased in the right leg over L4-5 and S1. Right ankle is weak in dorsiflexion. His right knee and hip are weak. Lumbar facet joints and sacroiliac joints are very tender to touch on the right side. He has paraspinous muscle spasm. Lumbar range of motion is decreased about 90%. He has atrophy of muscles in right leg. There is no documentation of working status. The treatment plan includes a refill of Valium and a switch from Soma to Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril ER 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66, 24.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of having used muscle relaxants chronically, including lately the Flexeril, which was prescribed and used daily as documented in the notes. However, there is insufficient evidence to support the ongoing use of this medication. There was incomplete reporting of the specific functional gains and pain reduction directly and independently related to the regular use of Flexeril. Also, there was no documentation, which suggested this worker was recently experiencing an acute flare-up, which might have warranted a short course of this medication regardless of the history of chronic use. Also, there was no number of pills included in the request. Therefore, the Flexeril is not medically necessary due to the above reasons.

Valium 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, p.24.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, there was record of having used Valium chronically. However, there was incomplete reporting found in the recent documentation regarding how this medication was used and how effective it was in a measurable way. Regardless, however, there is not sufficient evidence to suggest this worker was an exception to the general recommendation to not use Valium chronically. Also, there was no number of pills included in this request, which is required before consideration of approval can be made. Therefore, due to the above reasons, the request for Valium is not medically necessary. Weaning may be indicated.