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| Case Number: | CM15-0114508 | | |
| Date Assigned: | 06/22/2015 | Date of Injury: | 09/20/1995 |
| Decision Date: | 07/21/2015 | UR Denial Date: | 06/05/2015 |
| 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: Arizona, California

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 female who sustained an industrial twisting injury to her lower back on 09/20/1995. The injured worker was diagnosed with post lumbar surgery syndrome and lumbar radiculopathy/neuropathy. The injured worker is status post a three level anterior/posterior lumbar fusion (no date documented) and spinal cord stimulator (SCS) trial then implant on May 20, 2015. Treatments to date documented in the records note surgery, spinal cord stimulator (SCS) and medications. According to the treating physician's progress report on June 1, 2015, the injured worker was evaluated post-op spinal cord stimulator (SCS) implant. The injured worker reports she is using the stimulator more often with indication of 80% relief with the latest procedure. Examination noted incision line healing without signs of infection and generator site is well approximated. The injured worker will have re-programming performed. Current medications are listed as Dilaudid (post implant), Cyclobenzaprine, Cymbalta, Ibuprofen, Tylenol, Topamax and Dexilant. Treatment plan consists of medication regimen, follow-up with primary treating physician, spinal cord stimulator (SCS) re-programming and the current request for Flexeril and Dyazide.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg Qty: 240.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 41, 64.

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril several months in combination with NSAIDS and opioids. The average pain remained high 7-8/10. Continued and chronic use of Flexeril is not medically necessary.

Dyazide 37.5/25 Qty: 120.00: 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 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report From the Panel Members Appointed to the Eighth Joint National JAMA. 2014;311(5):507-520. doi:10.1001/jama.2013.284427.

Decision rationale: Dyazide is a potassium sparing diuretic. According to the JNC guidelines, diuretics are indicated for 1st line treatment of hypertension. In this case, the claimant's recent BP was 136/68. The claimant had been on the medication for several months but the diagnoses did not include hypertension in the list. There were no renal labs provided to make sure the medication is not altering electrolytes. The continued use of Dyazide is not safely justified nor included as part of the hypertension treatment plan and is not medically necessary.