MAXIMUS Federal Services

Case Number:	CM15-0114674		
Date Assigned:	06/26/2015	Date of Injury:	10/26/2005
Decision Date:	08/26/2015	UR Denial Date:	05/29/2015
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: 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:

The injured worker is a 71 year old male, who sustained an industrial injury on 10/26/05. The injured worker has complaints of low back, bilateral knees and both elbows. The documentation noted that there is tenderness across his lumbar paraspinal muscles. The diagnoses have included discogenic lumbar condition with radicular component down the lower extremities, status post epidural injection. Treatment to date has included epidural injections; norco for moderate-to-severe pain; lorazepam for spasm and anxiety; gabapentin for neuropathic pain; tramadol extended release for pain; mirtazapine for insomnia; naproxen for inflammation and flexeril for muscle spasm. The request was for lorazepam (ativan) 1mg and cyclobenzaprine (fexmid) 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam (Ativan) 1mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: The requested Lorazepam (Ativan) 1mg, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24,note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has low back, bilateral knees and both elbows. The documentation noted that there is tenderness across his lumbar paraspinal muscles. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Lorazepam (Ativan) 1mg is not medically necessary.

Cyclobenzaprine (Fexmind) 7.5mg: 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 63-66.

Decision rationale: The requested Cyclobenzaprine (Fexmind) 7.5mg, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page63-66, do not recommend muscle relaxants as more efficacious that NSAID s and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back, bilateral knees and both elbows. The documentation noted that there is tenderness across his lumbar paraspinal muscles. 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, Cyclobenzaprine (Fexmind) 7.5mg is not medically necessary.