

Case Number:	CM15-0115902		
Date Assigned:	06/24/2015	Date of Injury:	02/10/2011
Decision Date:	07/31/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/16/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 2/10/11 but who injured himself in 2010 resulting in severe back pain traveling to the lower extremities. He had an MRI showing multilevel disease. He currently complains of chronic worsening low back pain, muscle spasms, stiffness; persistent leg pain, numbness and tingling. He uses a cane for ambulation. His activities of daily living are very limited. He has increased his pain medication so that he can function. On physical exam there was tenderness across the lumbar paraspinal muscles, pain along the facets and pain with facet loading. There was decreased range of motion. Medications are Percocet, MS Contin, Protonix, and Colace. Drug screen form 1/22/15 was inconsistent with prescribed medications. Diagnoses include discogenic lumbar condition with radicular component down the lower extremities; facet inflammation; facet arthrosis; spinal stenosis; chronic pain syndrome. Treatments to date include medications; back brace; hot and cold wraps; transcutaneous electrical nerve stimulator unit. Diagnostics include recent (no date) electromyography showing denervation at right S1-S2 (per note 2/23/15); MRI of the lumbar spine showing disc protrusion. In the progress note dated 5/26/15 the treating provider's plan of care included requests for Remeron 50 mg # 30; Flexeril 7.5 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remeron 50 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

Decision rationale: MTUS recommends routine monitoring of the indications, benefits, and side effects of antidepressants in order to support their ongoing use for any indication, including depression or chronic pain. The records in this case do not provide such details or rationale regarding the benefits of or indication for continuing this medication. Therefore the request is not medically necessary.

Flexeril 7.5 MG Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/Flexeril Page(s): 63-64.

Decision rationale: MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.