

Case Number:	CM15-0125002		
Date Assigned:	07/09/2015	Date of Injury:	06/16/2001
Decision Date:	09/21/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/29/2015

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

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 52-year-old female injured worker suffered an industrial injury on. The diagnoses included low back pain and reflex sympathetic dystrophy of the right lower limb. The diagnostics included The injured worker had been treated with multiple orthopedic surgeries, spinal cord stimulator, medications, physical therapy, epidural steroid injections and lumbar sympathetic blocks. On 6/1/2015, the treating provider reported the pain level had increased rated 6/10 with medications and 8.5/10 without medications. The quality of sleep was poor. Her activity level had increased. On exam, there was impaired gait; lumbar range of motion was restricted with positive straight leg raise. The right hip had pain with range of motion. The right knee was tender. The right ankle had mild edema and pain. The muscle strength was difficult to test in the right lower extremity due to pain. The injured worker had not returned to work. The treatment plan included Restoril and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for Benzodiazepines does not recommend them for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, and anticonvulsant and muscle relaxant. The documentation provided indicated that Restoril had been used for sleep at least since 3/30/2015 with subsequent visit notes stating the sleep quality was poor. The time limit exceeded the recommendations and there was no medical record evidence of efficacy or functional improvement. Therefore, Restoril 15mg #30 is not medically necessary.

Flexeril 10mg #90: 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(s): 63-65.

Decision rationale: MTUS Chronic pain Medical Treatment Guidelines recommended oral muscle relaxants for a short course 2 to 3 weeks for acute neck and back conditions or for acute exacerbations and any repeated use should be contingent on evidence of specific prior benefit. Efficacy diminishes over time and prolonged use may lead to dependence. The preference is for non-sedating muscle relaxants. There are also indications for post-operative use. The documentation provided indicated that Flexeril had been used at least since 3/30/2015 without evidence of clear clinical indication. The medical record did not included evidence of acute neck or back pain or exacerbation and documentation fails to show evidence of significant functional benefit. The request for Flexeril 10mg #90 is not medically necessary per guidelines.