

Case Number:	CM15-0170712		
Date Assigned:	09/11/2015	Date of Injury:	12/19/1996
Decision Date:	10/09/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/31/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 an industrial injury on 12-19-96. The injured worker reported neck pain, stiffness and muscle spasms. A review of the medical records indicates that the injured worker is undergoing treatments for chronic neck pain, arthropathy of cervical facet joint, cervical radiculopathy, cervical post-laminectomy syndrome, headache and chronic use of opiate drugs therapeutic purposes. Medical records dated 8-5-15 indicate pain rated at 8 out of 10. Provider documentation dated 5-13-15 noted the work status as temporary totally disabled. Treatment has included spinal injections, Percocet, Baclofen since at least February of 2015, Norco since at least February of 2015, magnetic resonance imaging (August 2014), electromyography (August 2014), nerve conduction velocity study (August 2014), Naprosyn since at least March of 2015, and topical agents since at least March of 2015. Objective findings dated 8-5-15 were notable for tenderness to paravertebral muscles C3-C7, spasms noted, pain to the upper trapezius area with decreased range of motion. The original utilization review (8-10-15) denied Restoril 15 milligrams quantity of 30 and Baclofen 10 milligrams quantity of 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 15 mg/l #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The claimant has a remote history of a work injury in December 1996 and is being treated for chronic neck pain. Treatments have included cervical medial branch blocks and radiofrequency ablation has been requested. When seen, there was cervical and upper trapezius muscle tenderness with cervical muscle spasms. There was decreased cervical range of motion. There was generalized shoulder tenderness. His BMI is nearly 30. Baclofen and Restoril were refilled. Baclofen had been prescribed since at least February 2015 and Restoril was prescribed in July 2015. At that visit there were no complaints of difficulty sleeping. Restoril (temazepam) is a benzodiazepine used to treat insomnia symptoms. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids and mixed overdoses are often a cause of fatalities. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly, within 3 to 14 days. Additionally, in this case, the nature of the claimant's sleep disorder is not provided. The ongoing prescribing of Restoril is not medically necessary.

Baclofen 10 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The claimant has a remote history of a work injury in December 1996 and is being treated for chronic neck pain. Treatments have included cervical medial branch blocks and radiofrequency ablation has been requested. When seen, there was cervical and upper trapezius muscle tenderness with cervical muscle spasms. There was decreased cervical range of motion. There was generalized shoulder tenderness. His BMI is nearly 30. Baclofen and Restoril were refilled. Baclofen had been prescribed since at least February 2015 and Restoril was prescribed in July 2015. At that visit there were no complaints of difficulty sleeping. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is used off-label in the treatment of trigeminal neuralgia. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or acute exacerbation and baclofen has been prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. The request was not medically necessary.