

Case Number:	CM15-0041344		
Date Assigned:	04/06/2015	Date of Injury:	07/09/1992
Decision Date:	05/14/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/04/2015

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: 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 64-year-old female who reported injury on 07/09/1992 due to repetitive performance of her work duties. Prior therapies included medications, physical therapy and radiofrequency ablations. The injured worker was utilizing Florinal, Klonopin, Celebrex, and muscle relaxants since at least 02/25/2013. The documentation of 11/01/2014 revealed the injured worker's pain was dull and aching. The pain was constant. The injured worker had migraine headaches. The injured worker was noted to have depression. The diagnoses included cervical spondylosis and cervicgia. Treatment plan included an updated MRI of the cervical spine without contrast. Future treatments were noted to include trigger point injections, Botox, cervical epidural steroid injections, and occipital nerve blocks. There was no Request For Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fiorinal 60/325/40mg 1 cap Q 6H PRN (no quantity provided): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The California MTUS Guidelines indicate that barbiturate-containing analgesics are not recommended. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendation. There was a lack of documentation indicating objective functional improvement and an objective decrease in headache frequency. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Fiorinal 60/325/40mg 1 cap Q 6H PRN (no quantity provided) is not medically necessary.

Clonazepam 0.5mg 1 tab q HS (no quantity provided): Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documented efficacy. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the quantity. Given the above, the request for Clonazepam 0.5mg 1 tab q HS (no quantity provided) IS NOT medically necessary.

Celebrex 200mg 1 cap daily (no quantity provided): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Celebrex 200mg 1 cap daily (no quantity provided) is not medically necessary.

Cyclobenzaprine 1 tab q HS (no quantity provided): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) and Muscle relaxants (for pain).

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

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. Additionally, the injured worker had utilized the medication since at least 2013. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency. Given the above, the request for Cyclobenzaprine 1 tab q HS (no quantity provided) is not medically necessary.