

Case Number:	CM15-0062139		
Date Assigned:	04/08/2015	Date of Injury:	02/18/2009
Decision Date:	05/12/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/01/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 50 year old male, who sustained an industrial injury on 2/18/2009. The mechanism of injury was unknown. The injured worker was diagnosed as status post lumbar microdiscectomy (2012) and post interbody fusion at lumbar 4-5 (2013), lumbar myoligamentous sprain/strain, lumbar disc disease, right knee internal derangement. Right knee magnetic resonance imaging showed a tear in the medial meniscus and a lumbar magnetic resonance imaging showed fusion in place and left lumbar 4-5 disc herniation. Treatment to date has included surgery, spinal cord stimulator trial. In a progress note dated 2/20/2015, the injured worker complains of low back pain with radiation to the left lower extremity. The treating physician is requesting Fexmid, Remeron and Doral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fex Mid 7.5mg (unspecified qty): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2012. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visits fail to document any improvement in pain, functional status or a discussion of side effects specifically related to cyclobenzaprine to justify use. The medical necessity of cyclobenzaprine is not substantiated in the records.

Doral 15mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: treatment of insomnia.

Decision rationale: At issue in this injured worker is doral for treatment of insomnia. Patients with insomnia should receive therapy for any medical or psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy can be trialed prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of goals for efficacy or side effects. The documentation does not support the medical necessity for doral.