

Case Number:	CM15-0064778		
Date Assigned:	04/10/2015	Date of Injury:	01/04/1997
Decision Date:	05/13/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 67 year old female who sustained an industrial injury on 1/4/97. The diagnoses have included spondylosis without myelopathy, post laminectomy syndrome of lumbar region, lumbar radicular pain and chronic pain syndrome. Treatment to date has included medications, surgery, stimulator implantation, and other modalities. The current medications included Norco, Lyrica, Flexeril, Flaxseed oil, Glucosamine, Restoril, Voltaren gel, and Transdermal. Currently, as per the physician progress note dated 2/2/15, the injured worker complains of chronic low back pain and right shoulder pain. It was noted that medications provide her with good pain coverage. The physical exam was unremarkable. It was noted that she was undergoing physical therapy for her shoulder. The physician requested treatments included 1000mg and Restoril/Temazepam 30mg (no quantity given) and Flaxseed Oil 1000mg (no quantity given).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flaxseed Oil 1000mg (no quantity given): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD, Flaxseed Oil.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

Decision rationale: The injured worker sustained a work related injury on 1/4/97. The medical records provided indicate the diagnosis of spondylosis without myelopathy, post laminectomy syndrome of lumbar region, lumbar radicular pain and chronic pain syndrome. Treatment to date has included medications, surgery, stimulator implantation, and other modalities. The current medications included Norco, Lyrica, Flexeril, Flaxseed oil, Glucosamine, Restoril, Voltaren gel, and Transdermal. The medical records provided for review do not indicate a medical necessity for Flaxseed Oil 1000mg (no quantity given). The MTUS does not recommend Faxseed as a medication for chronic pain treatment. The official Disability Guidelines is silent on it.

Restoril/Temazepam 30mg (no quantity given): 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 injured worker sustained a work related injury on 1/4/97. The medical records provided indicate the diagnosis of spondylosis without myelopathy, post laminectomy syndrome of lumbar region, lumbar radicular pain and chronic pain syndrome. Treatment to date has included medications, surgery, stimulator implantation, and other modalities. The current medications included Norco, Lyrica, Flexeril, Flaxseed oil, Glucosamine, Restoril, Voltaren gel, and Transdermal. The medical records provided for review do not indicate a medical necessity for Restoril/Temazepam 30mg (no quantity given). Temazepam is a benzodiazepine. The MTUS recommends against the use of the benzoiazepines for more than 4 weeks due to increasing side effects and tolerance. The requested treatment has no quantity, therefore there is no specified duration.