

Case Number:	CM15-0077843		
Date Assigned:	04/29/2015	Date of Injury:	03/29/2002
Decision Date:	06/01/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/23/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 3/29/02. She reported a low back injury. The injured worker was diagnosed as having chronic pain syndrome; spinal enthesopathy; postlaminectomy syndrome; sciatica; lumbar/thoracic radiculopathy; fasciitis Unspec; lower back pain. Treatment to date has included physical therapy; TENS unit; lumbar laminectomy (2003); percutaneous peripheral nerve stimulator (11/11/13); acupuncture; spinal cord stimulator trial (1/29/15); permanent spinal cord stimulator implanted (4/2/15); urine drug screening; medications. Diagnostics included EMG/NCV bilateral lower extremities (7/16/14). Currently, the PR-2 notes dated 3/13/15 indicated the injured worker is in the office for follow-up and medication refill. Pain is located in lower-back and bilateral legs. The pain is described as dull, aching, throbbing, burning, radiating, sharp/stabbing, pulsating and worse with walking, standing and sitting. Pain is better with medications although it is noted; pain is increasing and decreasing as well as always there. Pain scale notes level of pain is 8/10 but continues to get functional benefit from the current medications regime and has been able to titrate to her current medications. The provider documents further medication weaning has not been possible as she is unable to perform daily activities with further down titration without alternative therapy. The injured worker has a successful spinal cord stimulator trial (1/29/15) and the permanent stimulator was implanted on 4/2/15. The provider has requested these medications: Quazepam 15mg #30 and Robaxin 750mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quazepam 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 Benzodiazepines Page(s): 24.

Decision rationale: The request is for Quazepam. The claimant recently underwent implantation of a spinal cord stimulator on 4/2/15. It is unclear how long she has been taking the Quazepam, however it is recommended for short-term use only. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. This request is not medically necessary.

Robaxin 750mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

Decision rationale: The request is for Robaxin, a muscle relaxant that the claimant has been prescribed since 11/05/13. MTUS guidelines state that muscle relaxants are recommended for short-term therapy. Muscle relaxants are not recommended for chronic use. MTUS recommends using muscle relaxants for 3-4 days of acute spasm and no more than 2-3 weeks. The request for Robaxin is not medically necessary.