

Case Number:	CM15-0079721		
Date Assigned:	04/30/2015	Date of Injury:	11/09/2011
Decision Date:	06/04/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/27/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 64 year old male who sustained a work related injury November 9, 2011. While responding to an alarm, he stood and felt a snap in his back bringing him to his knees. He was initially treated with medication, physical therapy, exercise and massage for low back pain. According to a primary treating physician's progress report, dated, March 26, 2015, the injured worker presented with intermittent episodes of increased lower back pain, with occasional radicular symptoms into the right leg. He is performing daily lumbar range of motion exercises and walking. Diagnoses are spine strain, lumbar, claudication and lumbar disc, myelopathy. Treatment plan included continue lumbar stretching and range of motion exercises with local heat prior to exercise, continue daily walks, and request for authorization Ambien and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Flexeril 7.5mg, #60 (DOS 03/26/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

Decision rationale: Guidelines note that muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain and that they are no more effective than NSAIDs alone. In this case, there is insufficient documentation contraindicating the use of NSAIDs for the patient's current condition. The request for flexeril 7.5 mg #60 is not medically appropriate and necessary.

Retrospective: Ambien 10mg, #30 (DOS 03/26/2015): 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) Treatment In Workers Comp, 2014 on the web, www.odgtreatment.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia.

Decision rationale: Guidelines do not support long term use of Ambien. In this case, there is no explicit documentation of sleep disturbance, results of sleep behavior modification attempts or documentation of failed trials of other treatments. The request for Ambien 10 mg #30 is not medically appropriate and necessary.