

Case Number:	CM15-0095250		
Date Assigned:	05/21/2015	Date of Injury:	01/17/2014
Decision Date:	06/29/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/18/2015

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: 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 38-year-old female, who sustained an industrial injury on 1/17/2014. She reported injury from a forward fall. The injured worker was diagnosed as having an anterior cervical discectomy and fusion on 1/22/2015, prior lumbosacral fusion, lumbosacral sprain, cervical strain and herniated nucleus pulposus, sacral mass and swan neck deformity. Lumbar magnetic resonance imaging showed no additional disc herniation but did show mild disc bulging. Cervical x rays showed stable anterior cervical discectomy and fusion. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 5/4/2015, the injured worker complains of low back pain that is 8/10 without medications and 6/10 with medications, stable neck pain, severe reflux and insomnia. The treating physician is requesting retrospective request for Flexeril 7.5mg # 60, for the service date of 05/05/2015 and retrospective request for Doral Quazepam 15mg #30, for the service date of 05/05/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flexeril 7.5mg quantity: 60, for the service date of 05/05/2015:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking Flexeril for an extended period, long past the 2-3 weeks recommended by the MTUS. Retrospective request for Flexeril 7.5mg quantity: 60, for the service date of 05/05/2015 are not medically necessary.

Retrospective request for Doral Quazepam 15mg quantity 30, for the service date of 05/05/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), 5th Edition 2007 or Current Year, Pain (Chronic) Weaning of Medications, Weaning benzodiazepines.

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

Decision rationale: The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. The patient has been taking Doral Quazepam longer than the maximum recommended time of 4 weeks. Retrospective request for Doral Quazepam 15mg quantity 30, for the service date of 05/05/2015 is not medically necessary.