

Case Number:	CM13-0003681		
Date Assigned:	08/01/2013	Date of Injury:	09/27/2009
Decision Date:	02/05/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	07/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with date of injury on 3/26/2008. Mechanism reportedly from slip and fall at worksite. Diagnosis of L4-5 degenerative disc disease post L4-5 micro lumbar decompression, L4-5 lateral recess stenosis, central stenosis, lumbar radiculopathy, L shoulder surgeries, cervical sprain, bilateral shoulder sprain, depression and insomnia. Primary treating physician, [REDACTED] (Pain management) reports reviewed. Last report available up to 7/10/13. Pt reports continued low back pain. Pain is 8/10 without medications with improvement to 3-4/10 with pain medication with improved daily function. Objective exam shows severe tenderness to trapezius and cervical paravertebral and inter scapular area. Range of motion(ROM) of cervical neck is restricted. Negative cervical compression test. Post-operative scar in lumbar region with L1 to sacral tenderness and spasms bilaterally. Very limited ROM of the lower back. Noted decrease sensation to L knee area with diffuse decreased lower extremity reflexes. Pt has reportedly gone to the ER for pain control when weaned off opiate pain medications. Plan is to continue percocet for pain, flexeril for muscle spasms. Xanax prescribed for insomnia and anxiety. Report states plan for opiate pain patch. EMG(Electromyogram) report date 6/27/13 reports to no polyneuropathy or R lower lumbar radiculopathy. Report from [REDACTED] (Orthopedics) from 5/13 did not recommend flexaril. Review is for flexeril 30mg #30 and Xanax0.5mg #30 Utilization review on 7/14/13 review an unknown prescription and recommended non-certification. Utilization review on 7/17/13 reviewed and approved percocets, home exercise program and follow up visits but recommended non-certification of flexeril and xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Flexeril is a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbation. Patient has an acute on chronic exacerbation of her low back pain. Patient's pain improves from 8/10 to 3-4/10 with other oral pain medications. Due to the effectiveness of 1st line medications being prescribed such as percocet, there is no indications for a second line agent. There is no indication for use for flexeril with the provided documentation. Flexeril is not recommended.

Xanax 0.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions: Benzodiazepines Page(s): 23-24.

Decision rationale: Xanax is a benzodiazepine. Primary treating physicians notes that it is treatment of anxiety and insomnia. As per MTUS chronic pain treatment guidelines it is not recommended. There is a high risk of dependence and tolerance. It may be considered in situations where there is overwhelming symptoms but there is no documentation and number of tabs prescribed does not support this. It is not recommended for anxiety and can worsen anxiety if used chronically. Anti-depressants and other modalities is more appropriate for anxiety treatment. Xanax is not recommended.