

Case Number:	CM13-0009257		
Date Assigned:	12/11/2013	Date of Injury:	08/22/2001
Decision Date:	02/20/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/08/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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:

The patient is a 59-year-old female who reported a work-related injury on 08/22/2001, however the specific mechanism of injury was not stated. The patient currently presents for treatment of the following diagnoses: displacement of intervertebral disc without myelopathy; adjustment disorder with mixed anxiety and depressed mood; unspecified thoracic/lumbosacral neuritis/radiculitis; unspecified myalgia and myositis; and lumbosacral spondylosis without myelopathy. The clinical note dated 12/03/2013 reported that the patient was seen under the care of [REDACTED] for her pain complaints. The provider documented that the patient presented with complaints of pain to the low back, rated at a 5 out of 10. The provider documented that the patient utilized the following medications: Lidoderm patch; Vicodin 5/500; Xanax 0.5 mg, 1 by mouth 3 times a day; Paxil 10 mg; Midrin, ketorolac, nabumetone, lisinopril, Flexeril and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Controlled Substance Utilization Review and Evaluation System (CURES), and 9792.20 Medical Treatment Utilization Schedule - Definitions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The Physician Reviewer's decision rationale: The current request is not supported. The California MTUS indicates that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven, and there is a risk of dependence. Most guidelines limit use to 4 weeks. The clinical notes document that this patient utilizes this medication 3 times a day; however, documentation of the efficacy of treatment as well as the duration of treatment was not evidenced in the clinical notes reviewed. Given the lack of support for the chronic use of this medication via guidelines, the request for Xanax 0.5 mg #90 is not medically necessary nor appropriate.

Flexeril Cyclobenzaprine 10 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The Physician Reviewer's decision rationale: The current request is not supported. The California MTUS indicates that cyclobenzaprine is recommended as an option using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The clinical notes document that the patient utilizes this medication 3 times a day for her pain complaints about the lumbar spine. However, duration of treatment and efficacy of treatment were not specifically evidenced in the clinical notes reviewed. As there is a lack of guideline support for the chronic use of this medication, the request for Flexeril (cyclobenzaprine) 10 mg #90 is not medically necessary nor appropriate.