

Case Number:	CM13-0014485		
Date Assigned:	10/03/2013	Date of Injury:	03/26/2008
Decision Date:	01/24/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/21/2013

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 Internal Medicine and is licensed to practice in New York. 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 45 year old female with a history of injury 3/26/08. Her diagnoses include degenerative disc disease with radiculopathy, depression and insomnia. A July 2013 visit showed complaints of pain 24 hours per day at an 8/10. The physician requested Flexeril, xanax and butrans.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

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

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

Decision rationale: Per the Chronic Pain Medical Treatment guidelines, Flexeril is recommended as an option for a short course of therapy. The effect is greatest in the first 4 days of treatment. Treatment should be brief. The addition of Flexeril to other agents is not recommended. The patient has received this medication since at least October 2012, without documented reasons why it must be continued. The request for Flexeril is not medically necessary or appropriate.

Xanax 0.5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: Per Chronic Pain Medical Treatment guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. There is increased risk of central nervous system and respiratory depression with concomitant use of butrans. Based on above, Xanax is not medically necessary or appropriate.

Butrans 5mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81, 26.

Decision rationale: Per the Chronic Pain Medical Treatment guidelines, opioids may be continued if the patient has returned to work or has improved functioning and pain. Annals (2007) reported that there is no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. The patient has been on opioids dating back to at least 8/9/12. Buprenorphine is recommended as an option for chronic pain or prescription of opioid addiction. In July 2013, the patient complained of constant pain with a level of 8/10, despite narcotic use. Supporting documentation of assessments and improvement of function is necessary for the need to continue this medication. Therefore, butrans is not medically necessary.