

<b>Case Number:</b>	CM13-0019734		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/02/1997
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Tennessee, California and Virginia. 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/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 applicant reported a date of injury of 08/02/97. Mechanism of injury was not stated. She was reported to be diagnosed with pain disorder with psychological factors, improved and major depressive disorder, with psychotic features; improved, low back pain, myofascial lumbosacral pain, cervicogenic headaches/cervicalgia and paracervical pain. The most recent progress note available for review dated 05/29/13 did not state a diagnosis. It was noted that the applicant had back pain and knee pain. There was a urine drug screen dated 05/29/13 with results reported as consistent. The applicant was noted to be currently taking calcium, Nitrostat, omeprazole, aspirin, pravastatin, levothyroxine, Diltiazem, clonidine, Triamterine-HCTZ, Xanax, tamoxifen, Metoprolol, Sonata, Skelaxin, Norco, and Mobic. In the secondary treating physician's consultation note of 05/07/13 by psychologist [REDACTED] it was noted that applicant has completed three of her four recently authorized individual sessions with [REDACTED], a psychologist in her office, on a monthly basis. She was being followed for pain disorder with psychological factors, improved, and major depressive disorder, with psychotic features, improved. It was noted that applicant's mood was more stable and she had less anxious affect. She was noted to have had an increase in her physical activity which had resulted in continued weight loss. In the treating physician's progress note of 05/01/13, it was noted that applicant complained of low back, bilateral buttocks, neck and head pain, along with bilateral knee pain. Physical exam noted grossly intact cranial nerves II-XII. It was also noted that applicant ambulated with a one-point cane and slow gait. It was recommended that applicant continue Skelaxin 800 mg for back spasms, continue Xanax .5 mg ½ tablet q 8 hours as needed, and Sonata 5 mg 1-2 q HS as needed for sleep. It is noted that applicant had currently not needed to take Sonata, as the Norco had been helping her sleep due to its analgesic and sedative effects. There is a utilization review letter dated 08/06/13. In this letter the Metaxalone

(Skelaxin) 800mg Q8 hours PRN was denied. The reason for denial was based on Chronic Pain Medical Treatment Guidelines which recommend use of non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The applicant was noted to have a chronic pain condition and guidelines generally did not support muscle relaxants for long term use. The request for Sonata 5mg one to two QHS was also denied. The reason for denial was that in the 05/01/13 clinical note by the treating provider, it was stated that she did not need to use sonata because the Norco made her drowsy. There was no discussion of insomnia or sleep hygiene or using sonata on a short term basis. Alprazolam 0.5mg TIDPRN was also denied because there was no indication for the long term use of benzodiazepines. CA MTUS chronic pain medical treatment guidelines state that benzodiazepines range of action included sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They were not recommended for long term use because long term efficacy was unproven and there was a risk of dependence.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**METAXALONE (SKELAXIN) 800MG, Q8H PRN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Skelaxin, Muscle Relaxants Page(s): 61, 63-65.

**Decision rationale:** There is no documentation of muscle spasms or significant findings on physical exam in the most recent clinical notes of 05/01/13 or 05/29/13 that would support use of the Skelaxin. The clinical documentation provided does not state how long the applicant has been using Skelaxin or what benefits and functional improvement the applicant is getting from this medication. As per evidence based guidelines and Chronic Pain Medical Treatment Guidelines, muscle relaxants are not recommended for long term use. They are recommended to be used with caution as a second-line option of short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation in the clinical notes submitted for review supporting the necessity of continuation of the Skelaxin. Therefore, Metaxalone (Skelaxin) 800 mg q 8 hours prn is not medically necessary and appropriate.

**ZELEPON (SONATA) 5MG 1-2 QHS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Version, Pain Chapter, Insomnia Treatment.

**Decision rationale:** As per the clinical note of 05/01/13, the applicant had not needed to use Sonata because the Norco was helping her sleep adequately due to its analgesic and sedative effects. There was no discussion in the clinical notes of sleep hygiene or other documentation of insomnia to include how long applicant had been suffering from it or other methods tried to promote sleep. Therefore, the request for Zelepon (Sonata) 5mg 1-2 qhs is not medically necessary and appropriate.

**ALPRAZOLAM, (XANAX) 0.5MG TID PRN:** Upheld

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

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

**Decision rationale:** There is no documentation in the clinical notes provided regarding how long the applicant has been taking Alprazolam. As per evidence based guidelines and CA MUTUS guidelines, benzodiazepines such as Alprazolam 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. While it is noted in the clinical note of 05/01/13 that the applicant is taking the Alprazolam "very sparingly", the notes do not document a specific reason for continued use of the medication. Therefore, the request for Alprazolam (Xanax) 0.5 mg tid prn is not medically necessary and appropriate.