

Case Number:	CM13-0052428		
Date Assigned:	01/29/2014	Date of Injury:	03/04/1975
Decision Date:	07/30/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/08/2013

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 Internal 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 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 patient is an injured worker with chronic neck and back conditions related to a date of injury of 3/4/75. The primary treating physicians progress report dated 9/4/13 by [REDACTED] documented a history of back surgeries in the thoracic and lumbar spine. Medications included Seroquel, MS Contin, Temazepam, Cymbalta, Xanax, Pantoprazole, Actonel, Robaxin, Neurontin. Diagnoses included lumbar spondylosis without myelopathy, cervical radiculopathy, cervical spondylosis without myelopathy, myosis pain/fibromyosis/myalgia, shoulder pain, thoracic spondylosis without myelopathy, and lumbar radiculopathy. The primary treating physicians progress report dated 8/7/13 documented medications including Seroquel, Xanax, MS Contin, Temazepam, Cymbalta, Androgel, Celebrex, Neurontin. The primary treating physicians progress report dated 7/10/13 documented medications, including Androgel, MS Contin, Cymbalta, Neurontin, Celebrex, Seroquel, Temazepam, and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg #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): 24.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state 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. Temazepam (Restoril) is a benzodiazepine. The primary treating physicians progress reports dated 9/4/13, 8/7/13, and 7/10/13 documented the use of Temazepam, establishing long-term use. As such, the request is not medically necessary.

Xanax 1mg #90: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state 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. Xanax is a benzodiazepine. The primary treating physicians progress reports dated 9/4/13, 8/7/13, and 7/10/13 documented the use of Xanax, establishing long-term use. As such, the request is not medically necessary.

Pantoprazole 40mg delayed-release #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors for patients with gastrointestinal risk factors. No gastrointestinal symptoms or conditions are documented in the medical records. As such, the request is not medically necessary.

Actonel 35MG TAB #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25. Decision based on Non-MTUS Citation FDA prescribing information.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that bisphosphonate-type compounds are an option for patients with CRPS Type I. They are not recommended for other chronic pain conditions. Actonel (risedronate) is a bisphosphonate. According to the FDA

prescribing information, the indications for Actonel are osteoporosis and Paget's disease. There is no documentation of Osteoporosis, Paget's Disease, or CRPS Type I in the medical records. As such, the request is not medically necessary.

Robaxin 750mg #70: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 65. Decision based on Non-MTUS Citation FDA prescribing information.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Robaxin (Methocarbamol) has central nervous system depressant effects with related sedative properties. Muscle relaxants are for short-term treatment. Muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. There is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include methocarbamol. According to a recent review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. According to the FDA prescribing information, Methocarbamol is indicated for acute conditions. Methocarbamol users should be cautioned about combined effects with other CNS depressants. Medical records document a date of injury of 3/4/75. The patient's occupational injuries are not acute. The MTUS and FDA guidelines recommend Robaxin for acute and short term conditions. The patient has chronic long term occupational conditions. The patient has been prescribed MS Contin and Morphine Sulfate. FDA guidelines warns against using Robaxin with Morphine. As such, the request is not medically necessary.