

Case Number:	CM13-0058079		
Date Assigned:	12/30/2013	Date of Injury:	11/25/2008
Decision Date:	12/15/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/26/2013

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, has a subspecialty in Nephrology 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 a 34-year-old female who has submitted a claim for lumbar discopathy status post surgery and major depressive disorder associated with an industrial injury date of 11/11/2013. Medical records from 2012 to 2013 were reviewed. The patient complained of persistent low back pain. The patient reported less anxiety issue from intake of Xanax. Physical examination of the lumbar spine showed tenderness, muscle guarding, and limited motion. Straight leg raise test was positive bilaterally. Treatment to date has included total disc replacement at L4-L5, and L5-S1 in 2011, physical therapy, and medications such as Norco, Xanax, Flexeril, Neurontin, Prilosec, and nortriptyline (since at least October 2013). The utilization review from 11/11/2013 denied the requests for Flexeril 10mg #60 take 1 tablet by mouth twice daily as needed for 2 refills and Xanax 1mg #60, take 1-2 tablets by mouth once nightly at bedtime for 2 refills because long-term use was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60 take 1 tablet by mouth twice daily as needed for 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

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

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient was prescribed Flexeril since at least October 2013. However, there was no documentation concerning pain relief and functional improvement derived from its use. Although patient presented with paralumbar muscle guarding, long-term use of muscle relaxant was not guideline recommended. Therefore, the request for Flexeril 10mg #60 take 1 tablet by mouth twice daily as needed for 2 refills was not medically necessary.

Xanax 1mg #60, take 1-2 tablets by mouth once nightly at bedtime for 2 refills: Upheld

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

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

Decision rationale: As stated on page 24 of CA MTUS 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. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, patient has been on Xanax since at least October 2013. Patient reports less anxiety issue with medication use. However, the present request as submitted is for two-month prescription. The guideline does not recommend long-term use of benzodiazepine. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Xanax 1mg #60, take 1-2 tablets by mouth once nightly at bedtime for 2 refills is not medically necessary.