

Case Number:	CM14-0018459		
Date Assigned:	04/18/2014	Date of Injury:	09/08/2006
Decision Date:	06/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/13/2014

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 & Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 56 year-old with a date of injury of 09/08/06. A progress report associated with the request for services, dated 01/16/14, identified subjective complaints of low back, neck, and left hip pain. Objective findings included tenderness to palpation of the hip. There was diminished range-of-motion with pain of the cervical and lumbar spine. Diagnoses included cervical spondylosis and lumbar degenerative disc disease. Treatment has included acupuncture and Lidoderm patches. She has alternately been on Flexeril and Skelaxin depending upon what was authorized. Flexeril causes her more sedation. The Skelaxin is also reported to reduce muscle spasms by 80%. Xanax is prescribed for severe muscle spasms. All three are on her current medication list. A Utilization Review determination was rendered on 01/22/14 recommending non-certification of "Skelaxin 800mg #34; Flexeril 10mg #34; and Xanax 1mg #17".

IMR ISSUES, DECISIONS AND RATIONALES

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

SKELAXIN 800MG #34: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain): Antispasmodics - Metaxalone (Skelaxin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63-66.

Decision rationale: Skelaxin (metaxalone) is an antispasmodic muscle relaxant whose mechanism of action is unknown. The recommended dose is 800 mg three to four times a day. The Medical Treatment Utilization Schedule (MTUS) states that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The Official Disability Guidelines (ODG) also state that muscle relaxants are commonly used for treatment of acute low back problems. They also note that skeletal muscle spasm is not universally accepted as a cause of symptoms, and the most commonly used muscle relaxants have no peripheral effect on muscle spasm. They further indicate that the combination of muscle relaxants and NSAIDs provides no benefit over NSAIDs alone. The patient has been on Skelaxin for a prolonged period. Likewise, it has not been prescribed in the setting of an acute exacerbation of symptoms. Therefore, based upon the Guidelines, the record does not document the further medical necessity for Skelaxin (metaxalone), and thus the request is not medically necessary.

FLEXERIL 10MG #34: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril (R)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Muscle Relaxants, Page(s): 41-42, 63-66.

Decision rationale: Flexeril (Cyclobenzaprine) is an antispasmodic muscle relaxant. The Medical Treatment Utilization Schedule (MTUS) states that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. They note that in most low-back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination of NSAIDs. Likewise, the efficacy diminishes over time. The MTUS states that Cyclobenzaprine (Flexeril) is indicated as a short course of therapy. Limited, mixed evidence does not allow a recommendation for Cyclobenzaprine for chronic use. Though it is noted that Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. They further state that treatment should be brief and that addition of Cyclobenzaprine to other agents is not recommended. The Guidelines do note that Cyclobenzaprine has been shown to produce a moderate benefit in the treatment of fibromyalgia. The record does not show any evidence of fibromyalgia, and other indications for Flexeril beyond a short course are not well supported. The patient has been on Flexeril for a prolonged period. Likewise, it has not been prescribed in the setting of an acute exacerbation of symptoms. Therefore, based upon the Guidelines, the request is not medically necessary for Flexeril (Cyclobenzaprine).

XANAX 1MG #17: Upheld

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

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

Decision rationale: Alprazolam (Xanax) is a benzodiazepine anxiolytic. The Medical Treatment Utilization Schedule (MTUS) 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. They further note that that they are the treatment of choice in very few conditions. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The Official Disability Guidelines (ODG) specifically states that Xanax is not recommended for long-term use. In this case, there is documentation of longer-term use. Likewise, it is being used concurrently with other muscle relaxants. Therefore, the request is NOT medically necessary of Alprazolam (Xanax).