MAXIMUS Federal Services

| Case Number: | CM14-0151837 | | |
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| Date Assigned: | 09/19/2014 | Date of Injury: | 04/01/2009 |
| Decision Date: | 10/21/2014 | UR Denial Date: | 09/04/2014 |
| Priority: | Standard | Application Received: | 09/17/2014 |

## 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 51-year-old male with a 4/1/09 date of injury. At the time (8/14/14) of the request for authorization for retrospective Flexeril 7.5mg #90 and retrospective Xanax 1mg #60, there is documentation of subjective (continued pain affecting his neck and mid and lumbar spine with radicular pain in his upper extremities as well as his lower extremities) and objective (mildly antalgic gait, moderate focal right-sided paracervical tenderness in the mid paracervical region, supraclavicular compression produces dysesthesias in both arms, modest tenderness is present in the mid parathoracic region, mild tenderness in the mid to lower paralumbar region) findings, current diagnoses (history of cervical, thoracic, and lumbar musculoskeletal strains; status post C6-7 anterior cervical discectomy with fusion 10/4/12, and T7-T8 disc protrusion), and treatment to date (medication including ongoing use of Flexeril and Xanax). Regarding retrospective Flexeril 7.5mg #90, there is no documentation of acute muscle spasm; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Flexeril use to date, and the intention to treat over a short course (less than two weeks). Regarding retrospective Xanax 1mg #60, there is no documentation of the intended duration of treatment with the requested Xanax; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Xanax use to date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Flexeril 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17, 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of history of cervical, thoracic, and lumbar musculoskeletal strains; status post C6-7 anterior cervical discectomy with fusion 10/4/12, and T7-T8 disc protrusion. However, there is no documentation of acute muscle spasm. In addition, given documentation of ongoing use of Flexeril, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Flexeril use to date. Furthermore, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for retrospective Flexeril 7.5mg #90 is not medically necessary.

**Retrospective Xanax 1mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of history of cervical, thoracic, and lumbar musculoskeletal strains; status post C6-7 anterior cervical discectomy with fusion 10/4/12, and T7-T8 disc protrusion. However, there is no documentation of the intended duration of treatment with the requested Xanax. In addition, given documentation of ongoing treatment with Xanax, there is no documentation of functional benefit or

improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Xanax use to date. Therefore, based on guidelines and a review of the evidence, the request for retrospective Xanax 1mg #60 is not medically necessary.