

<b>Case Number:</b>	CM14-0027735		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/19/2003
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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, 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 54-year-old with date of injury March 19, 2003 and has a diagnosis of chronic low back pain with co-existing diagnosis of fibromyalgia, depression and anxiety. Notes provided only discuss medication management and no discussion of prior medication trials or non-pharmacologic therapies are apparent. There is also no mention of functional improvement and/or pain score improvements in the notes provided. The current medication regimen consists of oxycontin, norco, gabapentin, xanax, and flexeril. The current request is for Xanax 1mg #60 and Flexeril #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**XANAX 1 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepenes Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that benzodiazepene use chronically should not be employed as long-term efficacy is unproven and there is a high risk

of dependence. The notes provided do not state the reasoning for use of chronic benzodiazepenes and there is no mention or notes provided that a psychiatrist is seeing this patient that warrants use of Xanax on a chronic basis. Benzodiazepenes according to the ODG are also discouraged for long-term use and therefore, based on the information provided, there is no exceptional reasoning for use of chronic Xanax in this patient. The request for Xanax 1 mg, sixty count, is not medically necessary or appropriate.

**FLEXERIL 10 MG #90:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines' stance on Flexeril (Cyclobenzaprine) is that is an option for short term use. However, long-term use is highly discouraged and not recommended given dependence and lack of efficacy. The notes provided do not state why Flexeril is being used and why this patient needs to be on this medication chronically. There is no mention of pain scores and functional improvement to suggest an extraordinary reason why chronic Flexeril is necessary. The request for Flexeril 10 mg, ninety count, is not medically necessary or appropriate.