MAXIMUS Federal Services

Case Number:	CM14-0034480		
Date Assigned:	06/20/2014	Date of Injury:	09/08/2006
Decision Date:	07/25/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/19/2014

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 Physical Medicine and Rehabilitation 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 56 year old female was injured on 09/08/2008. The mechanism of injury is unknown. Prior treatment history has included methadone, Norco, Skelaxin, Xanax, Lidoderm, Nexium, and Flexeril. The toxicology report dated 12/20/2013 revealed positive test results for methadone and EDDP. The medications that were reported were Norco, Xanax, Nexium, Skelaxin, and Trazodone. Toxicology report dated 09/05/2013 revealed positive results for hydrocodone, norhydrocodone, methadone, EDDP, alpha-hydroxylalprazolam and consistent with reported prescriptions. A progress report dated 02/13/2014 states the patient complained of neck pain, mid back pain and lower backache. Her pain has increased since her last visit. She reports no side effects with Flexeril, and Xanax. On exam, she has restricted range of motion. Deep tendon reflexes are normal. Lumbar facet loading is positive bilaterally. She has a diagnosis of thoracic pain, cervical spondylosis, spinal/lumbar degenerative disk disease, and muscle spasm. The treatment and plan included a request for Flexeril, Xanax and Flexeril. A prior utilization review dated 03/11/2014 states the request for Flexeril 10 mg #60 is not authorized as it is not medically supported for long-term treatment; Norco 10-325mg QTY: 60 is medically necessary and has been modified Norco 10/325 mg #30; Xanax 1mg QTY: 25 has been certified and modified to Xanax 1 mg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexril 10mg QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Muscle relaxants: Flexeril Page(s): 75.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, muscle relaxers are supported for short term treatments. Given the date of injury was in 2006, chronic use would not support evidence based guidelines. The supporting documentation does not identify significant functional benefits with the use of this medication. The medical necessity has not been established.

Xanax 1mg QTY: 25: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends Benzodiazepines for short term pain relief. The long term effectiveness of this medication is unproven efficacy and there is a high risk of dependence. This patient should be weaned off of this medication.

Methadone 10mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

Decision rationale: The CA MTUS requires documentation of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for patients on chronic Opioid therapy. The supporting documentation does not identify measurable analgesic benefits and there is no documentation of functional benefits with ongoing use. I would recommend weaning this patient off this medication.

Norco 10-325mg QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS requires documentation of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for patients on chronic Opioid therapy. The supporting documentation does not identify measurable analgesic benefits and there is no documentation of functional benefits with ongoing use. I would recommend weaning this patient off this medication.