

Case Number:	CM14-0040806		
Date Assigned:	06/30/2014	Date of Injury:	07/30/2003
Decision Date:	08/22/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 70 year old female who was injured on the job on 07/30/03, mechanism of injury was lifting a box. Most recent progress report submitted for review 02/26/14. The injured worker was seen for six month medication recheck. As well as a reevaluation of her neck and low back along with her extremity complaints. Intermittent severe neck pain located at the base of the neck and radiating pain down both arms associated with numbness and tingling in both arms down to both hands is noted. Ongoing headaches which the injured associated with her neck symptoms is noted constant severe low back pain which was located across the entire low back with radiation down both legs associated with some numbness in both legs and feet. Low back pain increased with prolonged sitting. Routine use of a walker for ambulation is noted. Examination height 5'4 weight 170 pounds, blood pressure 109/60, pulse 97. Gait was unbalanced with a very short stride even with a walker. Range of motion of cervical spine, flexion 15 degrees, extension 20 degrees, rotation 35 degrees, lateral bending of 10 degrees. Moderate plus tenderness over spinous processes especially at the base of the neck and in the paraspinal muscles. Mild to moderate tenderness in the trapezius muscle. Motor strength testing demonstrated moderate breakaway weakness of all the upper extremities muscles without any obvious effort. Lumbar spine incision nicely healed range of motion showed flexion 35 degrees extension -10 degrees, rotation 10 degrees, and lateral bending 4 degrees. There was moderate plus tenderness over the surgical scar. There was moderate to severe tenderness at sacroiliac joints there was minimal tenderness over the S over the sacriatic sciatic nerves. Deep tendon reflexes were unobtainable at the knees and ankles. Motor strength testing demonstrated mild to moderate breakaway weakness on the right side and moderate to severe breakaway weakness on the left side without any focal neurological deficits. Straight leg raise maneuver in the seated position was 45 degrees causing significant low back pain and bilateral buttock pain and

moderate to severe hamstring tightness. Diagnosis multilevel degenerative disc disease spondylosis of cervical spine at C3-4, C4-5, C5-6, and C6-7 associated with bilateral upper extremities radiculitis. Multiple level degenerative disc disease and discogenic disc plus spondylosis of lumbar spine at L2-3, L3-4, L4-5, and L5-S1 and degenerative disc disease at L1-2. Status post combined anterior plus posterior decompression from L2 to the sacrum and removal of the posterior pedicle screw hardware associated with bilateral lower extremities radiculitis. Prior utilization review on 03/12/14 Xanax was modified to assist in safely weaning the patient off all benzodiazepines. Flexeril 10 mg was modified to assist in safely weaning the patient off all muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25mg #90 with 5 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Benzodiazepines.

Decision rationale: The request for Xanax 0.25 mg, #90 with 5 refills is not medically necessary. The current evidence based guidelines do not recommend long-term use, because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. As such medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

Flexeril 10mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

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 chapter, Muscle relaxant (for pain).

Decision rationale: The request for Flexeril 10 mg, #90 with 2 refills is not medically necessary. Current evidence based guidelines recommend as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Treatment should be brief. Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

