MAXIMUS Federal Services

Case Number:	CM14-0049178		
Date Assigned:	06/25/2014	Date of Injury:	05/26/2010
Decision Date:	07/25/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/26/2014

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 Illinois. 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 55 year old male who reported an injury on 05/26/2010 due to an unknown mechanism. The injured worker had complaints of low back pain shooting down his right leg with tingling, numbness and paresthesia. Physical examination on 06/11/2014 revealed increased lumbar lordosis. Paravertebral muscle spasm and localized tenderness were present in lumbar spine. Range of motion for lumbar spine was restricted. Hyperextension maneuver of lumbar spine was positive. Straight leg Raise while seated, bilaterally 50-60 degrees. The injured worker has had several back surgeries. There was a report from a lumbar x-ray which showed status post prosthetic disc placement at L5-S1 and slight retrolisthesis at L4-L5. Physical therapy report dated 07/18/2011 was submitted. The injured worker was encouraged to continue range of motion stretching, strengthening and spine stabilization home exercises. Medications were Morphine ER 30mg two twice a day, Neurontin 600mg twice a day, Prilosec 20mg daily, Relafen 750mg twice a day, Norflex 100mg at bedtime. From visit on 08/18/2013, the injured worker was taking Paxil and Naprosyn which have been discontinued due to side effects. The diagnoses were failed back surgery syndrome, grade II anterolisthesis of L5 on S1 secondary to L5 pars defect (MRI confirmed), multilevel lumbar spondylolisthesis at L4-L5 and L5-S1 level, right sided L5 lumbar radiculopathy, depression, benign tremors, past history of alcoholism and substance abuse, chronic myofascial pain syndrome. The treatment plan was to continue medications as prescribed. The rationale was not submitted, the request for authorization was dated 11/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg. #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain.

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

Decision rationale: The request for Xanax 0.5mg quantity 60 is not medically necessary. Xanax (alprazolam) is in a class of drugs called benzodiazepines. This drug is considered a hypnotic, sedative, anxioltic, anticonvulsant and muscle relaxant. The California Medical Treatment Utilization Schedule states 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 four weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The injured worker has been on Xanax for a long time according to the document submitted. Also the request submitted for Xanax 0.5mg quantity 60 does not indicate the frequency for the medication. Therefore, the request is not medically necessary.

Relafen 750 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and Antidepressants for chronic pain Page(s): 13, 67, 68.

Decision rationale: The request for Relafen 750mg is not medically necessary. These medications are considered NSAIDs (non-steroidal anti-inflammatory drugs) and are considered for usage after documented failure of acetaminophen for mild to moderate pain. The California Medical Treatment Utilization Schedule states that NSAIDs are recommended for short-term symptomatic relief. Anti-inflammatories are the traditional first line of treatmennt, to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic low back pain and of antidepressants in chronic low back pain. Anti-depressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The injured worker did not have pain rated on a scale from 1-10. Functional improvement and pain relief were not documented. The request submitted does not inidicate the frequency for the medication or the quantity. Therefore, the request is not medically necessary.

Flexeril 7.5 mg #60: Upheld

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

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

Decision rationale: The request for Flexeril 7.5mg quantity 60 is not medically necessary. The injured worker has a history of alcohol abuse and depression. The injured worker has been taking muscle relaxants for a long time. The California Medical Treatment Utilization Schedule recommends a non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker has a history of alcohol abuse and depression. The request for Flexeril 7.5mg quantity 60 does not indicate the frequency for the medication. Therefore, the request is not medically necessary.