

Case Number:	CM14-0049410		
Date Assigned:	06/25/2014	Date of Injury:	06/07/2011
Decision Date:	08/13/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/28/2014

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 Nevada. 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 records, presented for review, indicate that this 49-year-old female was reportedly injured on June 7, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated February 25, 2014, indicated that there were ongoing complaints of low back pain. Current medications were stated to include Abilify and Effexor. The physical examination demonstrated tenderness over the lumbar spine paraspinal muscles. There was a normal lower extremity neurological examination. Diagnostic imaging studies were not reported. Previous treatment included a lumbar spine fusion at L5-S1 with subsequent removal of hardware. The treatment plan included continuation with Abilify and Effexor. There was a recommendation for the injured employee to see a psychiatrist regarding anxiety, depression, and medication management. A request was made for Restoril, Xanax, Zoloft, and Skelaxin and was not certified in the pre-authorization process on March 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 15 MG 1 Tablet At Night Quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia, updated July 10, 2014.

Decision rationale: According to recent notes in the attached medical record, the injured employee has not stated as having any sleep issues. Furthermore, the Official Disability Guidelines state that pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. There was no documentation that this evaluation has been completed. Therefore, this request for Restoril is not medically necessary.

Xanax 0.5 MG 1 Tablet Three Times Daily Quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Anxiety medications in chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009 Benzodiazepines) Page(s): 24 OF 127.

Decision rationale: Xanax (Alprazolam) is used for the treatment of anxiety disorders and panic disorders. This medication has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. Tapering of this drug may take weeks to months. Most guidelines limit the use of this medication to four weeks. The record reflects that this medication is being prescribed for long term use. Furthermore, there is no recent documentation of improvement in functionality with the use of this medication. For these reasons, this request for Xanax is not medically necessary.

Zoloft 50 MG 1 Tablet Daily Quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Anxiety medications in chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74, 78 93 OF 12.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, antidepressants are not recommended as a treatment for chronic pain but may have a role in treating secondary depression. The progress note, dated February 25, 2014, did state concerns regarding depression. A review of the attached medical record also noted that the injured employee's symptoms have not improved with the usage of Zoloft or Effexor. For these reasons, this request for Zoloft is not medically necessary

Skelaxin 800 MG Two Times A Day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 113 of 127.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state that muscle relaxants are indicated as second line treatment options for the short-term treatment of acute exacerbations of chronic low back pain. The attached medical record did not indicate that the injured employee was having any exacerbations of low back pain, nor were there any muscle spasms noted on physical examination. For these reasons, this request for Skelaxin is not medically necessary.