

<b>Case Number:</b>	CM14-0064269		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/14/1999
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 53 year-old individual was reportedly injured on 10/14/1999. The mechanism of injury is not listed. The most recent progress note, dated 4/16/2014. Indicates that there are ongoing complaints of low back pain that radiates to the bilateral lower extremities. The physical examination demonstrated cervical spine: positive tenderness to palpation bilateral shoulder, facet, Peri cervical, Peri scapula, spinous processes, sub occipital triangle bilaterally, and trapezius. Tight bands with twitch response of the left cervical paraspinals and trapezius muscles. Lumbar spine: spasm noted in the lumbar area. Positive tenderness to palpation paraspinal lumbar, SI joint, and PSIS. Positive tenderness bilateral buttock and bilateral SI joint. Positive straight leg rise bilaterally. Limited range of motion with pain. Motor and sensory exam of bilateral lower extremities is within normal limits no reason diagnostic studies are available for review. Previous treatment includes previous cervical surgery, medications, and conservative treatment. A request had been made for Xanax 0.25 mg #50, Flexeril 10 mg #60, and was not certified in the pre-authorization process on 5/1/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.25mg #50:** Upheld

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

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

**Decision rationale:** The MTUS guidelines do not support benzodiazepines (Xanax) for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Therefore, this request is not considered medically necessary.

**Flexeril 10mg #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 Page(s): 64,64.

**Decision rationale:** The MTUS Guidelines support the use of skeletal muscle relaxants like Flexeril for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. Therefore, the request is not medically necessary.