

<b>Case Number:</b>	CM15-0000839		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	08/12/2002
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 72 year old female, who sustained an industrial injury on 8/12/2002. The current diagnoses are degeneration of the lumbar or lumbosacral intervertebral disc, chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, sacroilitis, degeneration of the cervical intervertebral disc, and degeneration of the thoracic or lumbar intervertebral disc. Currently, the injured worker complains of pain in the low back and upper thoracic area. The lower back pain is more severe. She reports that her pain is worse, and feels like burning and stabbing. The pain radiates down her left and right leg. She notices swelling of her left shin every morning. Additionally, she reports groin pain where it is hard for her to walk and stand. Current medications are Zanaflex, Dilaudid, Xanax, Trazadone, Zoloft, Flexeril, and Zofran. Conservative treatment measures are heat, ice, rest, and gentle stretching and exercises. Per notes, in September 2014, she underwent her last epidural which was more than 80% effective and lasted her two months. The claimant had also intermittent insomnia and anxiety for she used Xanax. The treating physician is requesting Flexeril 10mg #30, Xanax .25mg #60, and bilateral L4-5 epidural injection, which is now under review. On 12/29/2014, Utilization Review had non-certified a request for Flexeril 10mg #30, Xanax .25mg #60, and bilateral L4-5 epidural injection. The bilateral L4-5 epidural injection was non-certified based on the injured workers previous treatment history, objective and subjective findings, as well as the evidenced-based guidelines. The Xanax was modified to allow for weaning. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 MG #30:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months without improvement in muscle tenderness or tightness. Continued and chronic use of Flexeril is not medically necessary.

**Bilateral L4-5 Epidural Injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposus. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant had already received an injection which only provided 2 months of relief. The request, for another bilateral lumbar epidural steroid injection is not medically necessary.

**Xanax .25 MG #60:** Upheld

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

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action

include: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had been on Xanax for months. The insomnia were not addressed with behavioral modifications or the use of SSRIs. The continued and prolonged use of Xanax is not medically necessary.