

Case Number:	CM15-0002154		
Date Assigned:	01/13/2015	Date of Injury:	07/01/2006
Decision Date:	03/12/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old female who reported an injury on 07/01/2006 due to a fall. On 10/14/2014, the injured worker presented with complaints of low back, SI joint and bilateral hand and wrist pain with prior aesthesia. Examination of the lumbar spine revealed a present spasm with painful limited range of motion. There is a positive Lasegue's noted bilaterally. There is also a positive bilateral straight leg raise and weakness bilaterally at 4/5 with decreased sensation at the L4-5 and L5-S1 bilaterally. Examination of the bilateral hand and wrist revealed a positive Phalen's, Tinel's, and Durkan's compression test. The diagnoses were bilateral carpal tunnel syndrome right greater than left, lumbar discogenic disease with radiculopathy and chronic low back pain. Current medications include Toradol, Norco, Xanax, Klonopin and Norflex. The provider recommended Xanax, Klonopin, and Norflex, the rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2mg QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: The request for Xanax 2 mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is risk of dependence. Most guidelines limit the use to 4 weeks. There is no information on treatment history and length of time the injured worker has been prescribed this medication. There is lack of efficacy in the medication documented to support continued use and the frequency was not submitted in the request. As such, medical necessity has not been established.

Klonopin 1mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: The request for Klonopin 1 mg with a quantity of 60 is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is risk of dependence. Most guidelines limit the use to 4 weeks. There is no information on treatment history and length of time the injured worker has been prescribed this medication. There is lack of efficacy in the medication documented to support continued use and the frequency was not submitted in the request. As such, medical necessity has not been established.

Norflex 100mg, QTY: 60: Upheld

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

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

Decision rationale: The request for Norflex 100 mg with a quantity of 60 is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as the second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDS and pain in overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. There is lack of documentation of increased function and decreased pain with the use of this medication. There is no information on treatment history and length of time the injured worker has been prescribed

Norflex. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.