

Case Number:	CM15-0005494		
Date Assigned:	01/16/2015	Date of Injury:	04/17/2000
Decision Date:	03/19/2015	UR Denial Date:	12/14/2014
Priority:	Standard	Application Received:	01/12/2015

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

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 49 year old female who sustained an industrial injury of April 17, 2000. She has reported heaviness in her neck and back and has been diagnosed with bilateral thoracic outlet syndrome, status post removal of the first rib bilaterally, myofascial pain with significant muscle spasm, and cervical degenerative disc disease. Treatment has included a spinal cord stimulator, physical therapy, massage, chiropractic therapy, and medications. Currently the injured worker has tenderness of the upper back musculature and posterior neck musculature. The treatment plan included to continue medications. On December 14, 2014 Utilization Review non certified Baclofen 10 mg # 90 and Xanax 0.25 mg # 90 citing the MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Per the 10/16/14 report the patient presents with worsening symptoms of pain in the neck and upper back with tingling, discomfort and swelling in the bilateral upper extremities and swelling in the face. The current request is for BACLOFEN 10 mg #90. The RFA is not included. The 12/14/14 utilization review states the request was received 12/13/14. The reports do not state if the patient is working. The MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." In this case, it does appear that this medication is a second line option as the patient is prescribed an opioid, Hydrocodone. However, guidelines state that use is indicated for short term treatment, and the reports provided show the patient has been prescribed the medication on a long term basis since at least 06/03/14. Furthermore, the request for #90 does not suggest short-term use. The request IS NOT medically necessary.

Xanax 0.25 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter

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

Decision rationale: Per the 10/16/14 report the patient presents with worsening symptoms of pain in the neck and upper back with tingling, discomfort and swelling in the bilateral upper extremities and swelling in the face. The current request is for XANAX 0.25 mg. #90-a Benzodiazepine. The RFA is not included. The 12/14/14 utilization review states the request was received 12/13/14. The reports do not state if the patient is working. MTUS, Benzodiazepines, page 24 states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly." The reports provided do not discuss this medication. Guidelines state long-term use is not recommended and the reports provided for review show the patient has been prescribed this medication on a long term basis since at least 06/03/14. Most guidelines limit use to 4 weeks. Furthermore, the request for #90 does not suggest short term use. In this case, the request IS NOT medically necessary.