

<b>Case Number:</b>	CM15-0006726		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/25/2011
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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:

This 51 year old male sustained an industrial injury on 8/25/11. He subsequently reports chronic low back pain. The injured worker has undergone spinal surgery. Prior treatments include injections, physical therapy and pain medications. The UR decision dated 12/23/14 non-certified Cyclobenzaprine 10MG 60 Tabs 2 Refills and Alprazolam 0.5MG 30 Tabs 1 Refill. This decision was based on CA MTUS Medical treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg 60 tabs 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41-42.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic) chapter, Muscle relaxants (for pain) ANTISPASMODICS: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available

**Decision rationale:** Based on the 12/12/14 progress report provided by treating physician, the patient presents with low back pain rated 7/10 with medications. The request is for Cyclobenzaprine 10MG 60 TABS 2 refills. The patient is status post decompression L4-5, L5-S1 with discectomy at L4-L5 05/13/14. Patient's diagnosis per Request for Authorization form dated 10/23/14 included lumbar post laminectomy syndrome. Patient's medications include Cyclobenzaprine, Alprazolam, Gabapentin, Ibuprofen, Docusate Sodium, Medrol Pak, and Percocet. Per progress report dated 09/25/14, the patient is temporarily totally disabled. ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: Antispasmodics: Orphenadrine (Norflex , Banflex , Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Per progress report dated 12/12/14, the patient has been taking Flexeril for muscle spasm and reported "50% decrease in pain and sparse with no adverse effects. However, guidelines do not indicate prolonged use of this medication due to diminished effect, dependence, and reported abuse. Cyclobenzaprine in the form of Flexeril has been prescribed on 12/12/14, and again on 01/28/15 per treater reports. Furthermore, the request for quantity 60 with 2 refills does not indicate intended short term use of this medication. Therefore, the request IS NOT medically necessary.

**Alprazolam 0.5mg 30 tabs 1 refill:** Upheld

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

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

**Decision rationale:** Based on the 12/12/14 progress report provided by treating physician, the patient presents with low back pain rated 7/10 with medications. The request is for Alprazolam 0.5mg 30 tabs 1 refill. The patient is status post decompression L4-5, L5-S1 with discectomy at L4-L5 05/13/14. Patient's diagnosis per Request for Authorization form dated 10/23/14 included lumbar post laminectomy syndrome. Patient's medications include Cyclobenzaprine, Alprazolam, Gabapentin, Ibuprofen, Docusate Sodium, Medrol Pak, and Percocet. Per progress report dated 09/25/14, the patient is temporarily totally disabled. MTUS Guidelines, page 24, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Benzodiazepines 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. Per progress report dated 12/12/14, the patient has been taking Alprazolam for anxiety on a daily basis. MTUS does not recommend benzodiazepines to be used long term. Alprazolam has been prescribed on 12/12/14, and again on 01/28/15 per treater reports. Furthermore, the request for quantity 30 with 1 refill does not indicate intended short term use of this medication. Therefore, the request IS NOT medically necessary.

