

<b>Case Number:</b>	CM15-0109170		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	10/03/2008
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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

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 63 year old female, who sustained an industrial injury on 10/3/08. The injured worker has complaints of pain in the cervical spine, lumbosacral spine, right wrist and left knee. The documentation noted that the injured worker has tenderness in the paraspinous lumbar area with pain on attempted range of motion and tenderness of the ulnar aspect the right wrist. The documentation noted that the injured workers pain is elicited attempted range of motion of the left knee and bilateral stasis dermatitis remains present. The diagnoses have included sprains/strains, neck; cervical spondylosis without myelopathy and sprain/strains, thoracic. Treatment to date has included injections; left knee brace and right wrist support; physical therapy; Topamax; Norco; Flexeril and Xanax. The request was for alprazolam 0.25mg #90 with three refills; Hydrocodone/acetaminophen 10/325mg #90 with three refills and Cyclobenzaprine 10mg #90 with three refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 0.25mg #90 with 3 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, Xanax (Alprazolam).

**Decision rationale:** Based on the 03/25/15 progress report provided by treating physician, the patient presents with pain to the cervical spine, lumbosacral spine, right wrist and left knee. The request is for Alprazolam 0.25mg #90 with 3 refills. RFA with the request not provided. Patient's diagnosis on 03/25/15 included neck preliminary sprains/strains, preliminary cervical spondylosis without myelopathy, and thoracic preliminary sprain/strain. Objective findings on 03/25/15 noted painful ambulation and weight bearing with a marked antalgic gait on the left. Physical examination to the cervical spine on 12/03/14 revealed muscle guarding and tenderness to palpation to the posterior cervical and left trapezius to the left rhomboid muscles. Range of motion limited and painful. Examination of the lumbar spine revealed tenderness to palpation to the paraspinals. Range of motion decreased in all planes to 10-20 degrees. Patient's medications include Norco, Flexeril and Xanax. The patient may work modified duty, per 03/25/15 report. Treatment reports were provided from 09/29/14 - 03/25/15. The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG-TWC, Pain (Chronic) Chapter, under Xanax (Alprazolam) states: "Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression." Alprazolam (Xanax) has been included in patient's medications per progress report dated 09/29/14. It is not known when Xanax was initiated. Guidelines do not recommend long term use of benzodiazepines due to risk of dependence. The patient has been prescribed this medication for at least 8 months to UR date of 05/02/15. Furthermore, the request for quantity 90 with 3 refills is excessive based on guidelines, and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

**Hydrocodone/APAP 10/325mg #90 with 3 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids, Hydrocodone Page(s): 76-78, 88-90.

**Decision rationale:** Based on the 03/25/15 progress report provided by treating physician, the patient presents with pain to the cervical spine, lumbosacral spine, right wrist and left knee. The request is for Hydrocodone/APAP 10/325mg #90 with 3 refills. RFA with the request not provided. Patient's diagnosis on 03/25/15 included neck preliminary sprains/strains, preliminary cervical spondylosis without myelopathy, and thoracic preliminary sprain/strain. Objective findings on 03/25/15 noted painful ambulation and weight bearing with a marked antalgic gait on the left. Physical examination to the cervical spine on 12/03/14 revealed muscle guarding and tenderness to palpation to the posterior cervical and left trapezius to the left rhomboid muscles.

Range of motion limited and painful. Examination of the lumbar spine revealed tenderness to palpation to the paraspinals. Range of motion decreased in all planes to 10-20 degrees. Patient's medications include Norco, Flexeril and Xanax. The patient may work modified duty, per 03/25/15 report. Treatment reports were provided from 09/29/14 - 03/25/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Hydrocodone (Norco) has been included in patient's medications per progress report dated 09/29/14. It is not known when Norco was initiated. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Cyclobenzaprine 10mg #90 with 3 refills:** Upheld

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

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

**Decision rationale:** Based on the 03/25/15 progress report provided by treating physician, the patient presents with pain to the cervical spine, lumbosacral spine, right wrist and left knee. The request is for Cyclobenzaprine 10mg #90 with 3 refills. RFA with the request not provided. Patient's diagnosis on 03/25/15 included neck preliminary sprains/strains, preliminary cervical spondylosis without myelopathy, and thoracic preliminary sprain/strain. Objective findings on 03/25/15 noted painful ambulation and weight bearing with a marked antalgic gait on the left. Physical examination to the cervical spine on 12/03/14 revealed muscle guarding and tenderness to palpation to the posterior cervical and left trapezius to the left rhomboid muscles. Range of motion limited and painful. Examination of the lumbar spine revealed tenderness to palpation to the paraspinals. Range of motion decreased in all planes to 10-20 degrees. Patient's medications include Norco, Flexeril and Xanax. The patient may work modified duty, per 03/25/15 report. Treatment reports were provided from 09/29/14 - 03/25/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary

drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy."Cyclobenzaprine (Flexeril) has been included in patient's medications per progress report dated 09/29/14. It is not known when Cyclobenzaprine was initiated. MTUS only recommends short-term use of muscle relaxants. The patient has been prescribed this medication for at least 8 months to UR date of 05/02/15. Furthermore, the request for quantity 90 with 3 refills is excessive based on guidelines, and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.