

Case Number:	CM15-0141423		
Date Assigned:	07/31/2015	Date of Injury:	05/30/2008
Decision Date:	09/25/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/21/2015

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 52 year old male injured worker suffered an industrial injury on 5-30-2008. The diagnoses included lumbar sprain-strain, thoracic-lumbosacral radiculitis and lumbar post-laminectomy syndrome. The treatment included acupuncture and medication. On 6-4-2015, the treating provider reported low back pain that was constant with radiculopathy to the left leg and foot. The pain was rated 4 to 6 out of 10. On exam the straight leg raise was positive. There were 2 recent inconsistent urine drug screens but the most recent urine drug screen on 5-12-2015 was consistent. It was not clear if the injured worker had returned to work. The requested treatments included Skelaxin and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 mg Qty 28: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Skelaxin Page(s): 63-66, 61.

Decision rationale: The 52 year old patient complains of constant pain in the lower back, rated at 6/10, radiating to left leg and foot, as per progress report dated 06/04/15. The request is for Skelaxin 800 mg qty 28. The RFA for this case is dated 06/15/15, and the patient's date of injury is 05/30/08. Diagnoses, as per progress report dated 06/04/15, included lumbar sprain/strain, thoracic/lumbosacral neuritis/radiculitis, and lumbar post-laminectomy syndrome. Medications, as per pain management report dated 06/04/15 included Norco, Skelaxin, Xanax and Neurontin. The patient is not working, as per the same progress report. MTUS Chronic Pain Guidelines for Muscle relaxants section, 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." For Skelaxin, MTUS p61 states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by [REDACTED] under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating." In this case, a prescription for Skelaxin is only noted in progress report dated 06/04/15. Prior progress reports document the use of Soma and in progress report, dated 03/03/15, the treater states that Soma will be weaned as it is not indicated for long-term use. In progress report dated 06/04/15, the treater states that medications "decrease pain by 50%, reduce numbness, increase activity and walking tolerance, reduce anxiety, no side effects, no abuse or aberrant behavior." While muscle relaxants may be effective, MTUS guidelines do not recommend use of this class of medications for longer than 2 to 3 weeks. Hence, the treater's request for # 28 is excessive and is not medically necessary.

Xanax 0.5 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Xanax.

Decision rationale: The 52 year old patient complains of constant pain in the lower back, rated at 6/10, radiating to left leg and foot, as per progress report dated 06/04/15. The request is for XANAX 0.5 mg QTY 60. The RFA for this case is dated 06/15/15, and the patient's date of injury is 05/30/08. Diagnoses, as per progress report dated 06/04/15, included lumbar sprain/strain, thoracic/lumbosacral neuritis/radiculitis, and lumbar post-laminectomy syndrome. Medications, as per pain management report dated 06/04/15 included Norco, Skelaxin, Xanax and Neurontin. The patient is not working, as per the same progress report. The MTUS Guidelines page 24, Benzodiazepine section 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." In this case, a prescription for Xanax is first noted in progress report dated 03/03/15 and the patient has been using the medication consistently since then. It is not clear when this medication was initiated. However, in progress report dated

03/03/15, the treater states that the patient "has been on this medication for three to four years. It decreases his anxiety which improves his quality of life". In progress report dated 06/04/15, the treater states that medications "decrease pain by 50%, reduce numbness, increase activity and walking tolerance, reduce anxiety, no side effects, no abuse or aberrant behavior." MTUS and ODG, however, do not support long-term use of this medication due to risk of dependence. Hence, the request is not medically necessary.