

Case Number:	CM15-0163516		
Date Assigned:	08/31/2015	Date of Injury:	08/12/2002
Decision Date:	09/30/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/20/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 73 year old female who sustained an industrial injury on 3-12-02. Her initial complaints and nature of the injury are not available for review. The progress note, dated 6-10-15, indicates that the injured worker's diagnoses include "Other symptoms referable to back", degeneration of lumbar or lumbosacral intervertebral disc, chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, sacroiliitis, degeneration of cervical intervertebral disc, degeneration of thoracic or lumbar intervertebral disc, and lumbar radiculopathy. The report indicates that an MRI of the thoracic spine was completed on 2-7-13 and of the lumbar spine on 7-14-09. She has undergone conservative treatment measures of the use of heat, ice, rest, and gentle stretching exercises. She has also used chronic pain medications. The "current medications" listed include Percocet, Xanax, Flexeril, Flector patch, and Zantac. The report indicates that "Norco gave her increased fatigue, upset stomach, and headaches". The treatment recommendation was to request authorization for Norco, Zantac, and Flexeril. On 7-9-15, the injured worker presented for refills of her medications. She reported that she underwent radiofrequency rhizotomy on 7-6-15 and that she has had some "flaring up" of pain from the procedure. She reported muscle spasms in her mid-back. She reported that she will "run out" of her medication "this weekend" and the provider recommended that she be "covered for her medication for one more month". Her list of "current medications" included Percocet, Xanax, Flexeril, Flector patches, and Zantac. The treatment recommendations included refills of Norco and Zantac.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

1 prescription for Flexeril 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in combination with opioids. Continued and long-term use of Flexeril (Cyclobenzaprine) is not medically necessary.

1 prescription for Xanax 0.25mg #60: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action

include: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had been on Xanax for several months in combination with opioids and muscle relaxants- increasing the risk of addiction. The continued and chronic use of Xanax is not medically necessary.