

Case Number:	CM15-0181079		
Date Assigned:	09/22/2015	Date of Injury:	12/08/2010
Decision Date:	10/27/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/14/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56 year old female who sustained an industrial injury on 12-8-10. A review of the medical records indicates she is undergoing treatment for cervical radiculopathy and radiculitis, abnormal posture with left-sided bending of lumbar spine, lumbar spine radiculopathy, lumbar ligamentum hypertrophy, depressive disorder, lumbar disogenic pain, lumbar post-laminectomy syndrome, cervicgia, and left shoulder impingement. Medical records (2-11-15 to 8-11-15) indicate ongoing complaints of posterior neck pain, bilateral low back pain, and left shoulder pain. Treatments have included Xanax 0.5mg three times daily as needed, Pantoprazole 20mg twice daily, Percocet 5-325, 1 tablet every 4-6 hours as needed for pain, and Flexeril 10mg twice daily; cervical transforaminal epidural steroid injection at C4-C5 on 5-14-14. The request for authorization (8-11-15) includes Xanax 0.5mg three times daily as needed, #90, and Flexeril 10mg twice daily, #60. The utilization review (8-26-15) indicates denial of both requests indicating that for Flexeril, the "guidelines do not support the chronic use of muscle relaxants, especially in the absence of recent documentation of objective functional benefit and continued analgesic effect". Regarding Xanax, the "guidelines do not support the chronic use of benzodiazepines, especially in the absence of recent documentation of objective functional benefit".

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax .5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The injured worker sustained a work related injury on 12-8-10. The medical records provided indicate the diagnosis of treatment for cervical radiculopathy and radiculitis, abnormal posture with left-sided bending of lumbar spine, lumbar spine radiculopathy, lumbar ligamentum hypertrophy, depressive disorder, lumbar disogenic pain, lumbar post-laminectomy syndrome, cervicgia, and left shoulder impingement. Treatments have included Xanax 0.5mg three times daily as needed, Pantoprazole 20mg twice daily, Percocet 5-325, 1 tablet every 4-6 hours as needed for pain, and Flexeril 10mg twice daily; cervical transforaminal epidural steroid injection at C4-C5 on 5-14-14. The medical records provided for review do not indicate a medical necessity for Xanax 5mg #90. Xanax (Alprazolam), is a benzodiazepine. The MTUS does not recommend the use of the benzodiazepines for longer than 4 weeks due to worsening adverse effects and lack of efficacy. The medical records indicate the use of this medication predates 02/2015.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The injured worker sustained a work related injury on 12-8-10. The medical records provided indicate the diagnosis treatment for cervical radiculopathy and radiculitis, abnormal posture with left-sided bending of lumbar spine, lumbar spine radiculopathy, lumbar ligamentum hypertrophy, depressive disorder, lumbar disogenic pain, lumbar post-laminectomy syndrome, cervicgia, and left shoulder impingement. Treatments have included Xanax 0.5mg three times daily as needed, Pantoprazole 20mg twice daily, Percocet 5-325, 1 tablet every 4-6 hours as needed for pain, and Flexeril 10mg twice daily; cervical transforaminal epidural steroid injection at C4-C5 on 5-14-14. The medical records provided for review do not indicate a medical necessity for Flexeril 10mg #60. The MTUS recommends the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Flexeril (Cyclobenzaprine), is a muscle relaxant with a recommended dosing of 5 to 10 mg three times a day, for no longer than 2-3 weeks.