

Case Number:	CM15-0183696		
Date Assigned:	09/24/2015	Date of Injury:	01/14/1999
Decision Date:	11/24/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/18/2015

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, Arizona

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 71 year old male, who sustained an industrial injury on 1-14-1999. The injured worker is being treated for failed back syndrome, lumbar spinal stenosis, lumbar spondylosis, and degenerative disc disease lumbar. Treatment to date has included surgical intervention (lumbar laminectomy L4-L5 x 2 in 1999 and at L2-L3 in 2009), work restrictions and medications. Per the Supplemental Report on Pain Management Progress dated 9-03-2015, the injured worker reported low back pain. He describes his pain centered in the low back and denies any radicular lower extremity pain though he has mild bilateral lower extremity weakness. He was weaned off opiates in 2012 or 2013 and manages his pain with medical marijuana. His pain level is rated as 5 out of 10 presently and 2-3 out of 10 with marijuana. Objective findings included anterior flexion of 40 degrees and extension of 20 degrees with pain. There is no pain upon palpation of the lumbar spine. Per the medical records dated 3-27-2013 to 9-03-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. Work status was permanent and stationary. The plan of care included medications and authorization was requested for Docusate sodium 100mg #60, Flomax 0.4mg #30, Prozac 20mg #90, Wellbutrin 75mg #30, Wellbutrin XL 150mg #60, Glucosamine-Chondroitin 750-600mg #60, MSM 1000mg #30, Triazolam 0.25mg #30 and Xanax 0.5mg #60. On 9-11-2015, Utilization Review non-certified the request for Glucosamine-Chondroitin 750-600mg #60 and MSM 1000mg #30, and modified the request for Triazolam 0.25mg #30 and Xanax 0.5mg #60 for weaning citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glucosamine-Chondroitin refills 2 750mg-600mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Glucosamine (and Chondroitin Sulfate).

Decision rationale: The CA MTUS recommend glucosamine and chondroitin sulfate as an option given its low risk in patients with moderate arthritis pain. This injured worker maintains diagnoses that include failed back surgical syndrome and chronic back pain, in part due to spondylosis, which is arthritic/inflammatory in nature. This request appears reasonable, and as such, is medically necessary.

MSM 1000mg #30 refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: MSM is also known by another name DMSOCyclobenzaprine. DMSOCyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant. CA MTUS Chronic Pain Treatment Guidelines note that long-term use of muscle relaxants is not recommended. It is associated with mental and physical impaired abilities and has limited efficacy. There are no extenuating circumstances within the submitted records to warrant non-adherence to guidelines. It appears the majority of pain relief has been noted with medicinal marijuana. There is no clear reason why chronic use of muscle relaxant medications is necessary and as such, this request is not medically necessary.

Triazolam 0.25mg #30 refills 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there are risks of dependency. Guidelines generally limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. It is noted within the submitted records that the

injured worker is able to sleep up to 8 hours per night with this medication; but it appears that poor pain control is responsible for lack of sleep. Sedating medications such as Benzodiazepines are not recommended long-term. Restorative sleep would seem to occur with improved pain management, and lastly, the injured worker is already on Xanax, a benzodiazepine for anxiety. Weaning has been recommended per documentation reviewed, including prior utilization review. As such, this request is not medically necessary.

Xanax 0.5mg #60 refills 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there are risks of dependency. Guidelines generally limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. While the injured worker is noted to have anxiety, and Xanax has been used to treat the anxiety, the long-term use of Xanax is not in accordance with CA MTUS Guidelines, and as such, this request cannot be supported. Prior UR review recommended weaning. As such, the request is not medically necessary.