

Case Number:	CM15-0185342		
Date Assigned:	09/25/2015	Date of Injury:	06/23/2012
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/21/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 45-year-old male who sustained industrial injuries on 6-23-2012. Diagnoses have included right shoulder status post SLAP lesion-tendinitis-acromioclavicular joint osteoarthritis-bursitis; left shoulder strain secondary to overcompensation; cervical-trapezial sprain with right upper extremity radiculitis; three millimeter disc protrusion with stenosis at C5-C7 per MRI of December, 2014; thoracolumbar sprain with three-millimeter disc protrusion; and, status post crush injury of right index finger with swan neck deformity. An MRI performed 3-11-2015 noted cervical spondylosis. He has additional diagnoses of depressive disorder with anxious features, and neurologically induced hypothalamic disorder provided in a 3-4-2015 psychological evaluation. Documented treatment includes right C5-C7 transfacet epidural injections 3-21-2015, 5-4-2015, and 6-18-2015 reported to have provided 60 percent improvement in pain and radiating symptoms on his right shoulder and arm; an unspecified number of physical therapy, acupuncture and cortisone injection treatments in the neck and lower back stated in the 5-11-2015 orthopedic consultation to have "failed"; and medication including Norco, Motrin, Prilosec, and Fexmid with no documentation of initiation or response. The 3-18-2015 letter from his pain management specialist stated "long-term use" of these medications. He has also been prescribed Cymbalta and Xanax, noted 5-1-2015 to have been prescribed by his psychiatrist. His last urine drug screen was performed on 8-7-1015. During the 8-21-2015 visit, the injured worker presented with right shoulder pain rated 8 out of 10 stated "same as last exam" and characterized as frequent, constant, and cramping; cervical spine pain was 6 out of 10; and lumbar pain 6 out of 10. The physician noted that his right shoulder was tender to palpation over subacromial region, acromioclavicular joint and supraspinatus tendon, and he had a positive impingement test and cross arm test with decreased range of motion. There was no objective information regarding his

other complaints in the recent notes. He has not been working. The treating physician's plan of care includes a 8-26-2015 request for authorization for Fexmid, and Prilosec which were denied, and 30 count Xanax which was modified to 24. Determination was made 9-2-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 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: Fexmid is the muscle relaxant cyclobenzaprine. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the patient has been using Fexmid since at least April 2015. The duration of treatment surpasses the recommended short-term duration of two weeks. The request not medically necessary.

Xanax 1mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress: Benzodiazepine.

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

Decision rationale: Xanax is the benzodiazepine Alprazolam. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. In this case, the patient has been using Xanax since at least April 2015. Long-term use of benzodiazepines is not recommended. The request should not be medically necessary.

Prilosec 20mg, #30: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Prilosec is omeprazole, a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anti-coagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request should not be medically necessary.