

Case Number:	CM15-0201431		
Date Assigned:	10/16/2015	Date of Injury:	07/23/2004
Decision Date:	12/04/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/13/2015

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, Maryland
 Certification(s)/Specialty: Psychiatry

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 48 year old male who sustained an industrial injury on 07/23/2004. Medical records indicated the worker was treated for post-traumatic stress disorder, and bipolar. In the provider notes of 07-14-2015, the injured worker complains of depression, anxiety, tension, irritability, nightmares, flashbacks, persecution, delusion, pain in the back-tightness of the muscles, lack of self-confidence, lack of energy and motivation. Objective findings were of psychomotor agitation, pressured speech, and flight of ideas, panic attacks, insomnia, crying spells, impaired concentration and memory. Treatment plans included psychotherapy and medications. A request for authorization was submitted for Tranxene 7.5mg #210 with six refills and Flexeril 10mg #30 with six refills. A utilization review decision 09/28/2015 modified the Tranxene 7.5 mg #210 +6 refills to Tranxene #105and 0 refills , and modified the Flexeril 10mg #30 with six refills+ 6 refills to Flexeril 10mg #30 with six refills with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tranxene 7.5mg #210 with six refills: Upheld

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

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

Decision rationale: RANXENE is a benzodiazepine. MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Tranxene on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. It is to be noted that the UR physician provided a partial authorization for weaning purposes. Thus, the request for Tranxene 7.5mg #210 with six refills is excessive and not medically necessary.

Flexeril 10mg #30 with six refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." It is to be noted that the UR physician provided a partial authorization for weaning purposes. The patient is not being treated for an acute exacerbation of chronic back pain, so the requested treatment is not medically necessary.