

Case Number:	CM15-0201933		
Date Assigned:	10/16/2015	Date of Injury:	01/24/2015
Decision Date:	12/02/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/14/2015

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: California, District of Columbia,
 Maryland Certification(s)/Specialty: Anesthesiology, Pain
 Management

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 60 year old male, who sustained an industrial injury on 1-24-15. He reported injuries to his neck, right shoulder, mid back, and low back. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy, pain in joint involving the shoulder region, and cervicalgia. Treatment to date has included right shoulder arthroscopic rotator cuff repair with subacromial decompression, physical therapy, a shoulder injection, and medication including Xanax and Norflex. On 10-7-15 the treating physician noted "with regard to functional limitations during the past month, the patient avoids going to work, physically exercising, performing household chores, participating in recreation, driving, doing yard work, or shopping and having sexual relations because of his pain." Physical examination findings on 10-7-15 included tenderness to palpation over the anterior and lateral aspect of the right shoulder with a positive Hawkin's test and positive crossed arm adduction test. Tenderness to palpation was noted over the bilateral lumbar paraspinal muscles with spasms. Sciatic notch tenderness was noted on the right and a straight leg raise test was positive on the right. The treating physician noted the injured worker was taking Xanax for "severe anxiety." On 9-2-15 pain was rated as 9-10 of 10. The injured worker had been taking Xanax since July 2015 and Norflex since at least June 2015. On 10-7-15, the injured worker complained of pain in the neck and right shoulder with radiation to the arm. Pain was also noted in the mid and lower back with radiation to bilateral legs with tingling. On 10-20-15 the treating physician requested authorization for Xanax 0.5mg #30 and Norflex 100mg #60. On 9-15-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #30: 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: Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The documentation submitted for review indicates that the injured worker has been using this medication since at least 7/2015 for muscle spasms. As the treatment is not recommended for long term use, the request is not medically necessary.

Norflex 100mg #60: Upheld

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

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 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. 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." Regarding Orphenadrine: This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. (Shariatmadari, 1975) As the guidelines do not recommend sedating muscle relaxants, the request is not medically necessary. Furthermore, the injured worker has been using this medication since at least 9/2015, and it is only recommended for short-term use.