

Case Number:	CM15-0208875		
Date Assigned:	10/27/2015	Date of Injury:	08/15/2000
Decision Date:	12/11/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/23/2015

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, New York, California
 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 applicant is a represented 62-year-old who has filed a claim for chronic low back, neck, and shoulder pain reportedly associated with an industrial injury on August 15, 2000. In a Utilization Review report dated October 12, 2015, the claims administrator failed to approve requests for Flexeril and Xanax. The claims administrator referenced an RFA form received on October 6, 2015 and associated progress note dated September 15, 2015 in its determination. The applicant's attorney subsequently appealed. On said September 15, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating to the legs, 4/10 with medications versus 10/10 without medications. The applicant was given refills of Norco, Ambien, Xanax, Flexeril, Lyrica, and Cymbalta. It was suggested that the applicant was using Ambien for sedative effects and Xanax for anxiolytic effects. The applicant was using Flexeril up to 4 times daily, the treating provider reported. The applicant's work status was not clearly reported, although it did not appear the applicant was working. Towards the top of the note, it was stated the applicant's pain complaints were severe. On July 21, 2015, Norco, Lyrica, Cymbalta, Xanax, Ambien, and Flexeril were all seemingly renewed. Once again, the applicant's work status was not reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flexeril 10 mg #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): Cyclobenzaprine (Flexeril).

Decision rationale: No, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is deemed "not recommended." Here, the applicant was, in fact, using a variety of other agents to include Norco, Lyrica, Cymbalta, Xanax, Ambien, etc. The addition of cyclobenzaprine to the mix was not recommended. It is further noted that the 60-tablet supply of Flexeril (cyclobenzaprine) at issue, in and of itself, represented treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

1 prescription of Xanax 1 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Similarly, the request for Xanax, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 acknowledges that anxiolytics such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the renewal request for 60 tablets of Xanax implied, chronic, long-term, and/or twice daily usage of the same, for sedative and/or anxiolytic effect purposes, i.e., usage in excess of the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.