

<b>Case Number:</b>	CM15-0210172		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	08/13/1997
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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

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 50-year-old female who sustained an industrial injury on 08-13-1997. According to the most recent progress report submitted for review and dated 08-27-2015, the injured worker reported ongoing neck, lower back and hip pain and headaches. She reported that medications reduced her pain and allowed her to continue to work. She requested chiropractic treatment. Pain intensity with medications was rated 6 on a scale of 1-10. Without medications, pain was rated 8. Physical examination demonstrated stiffness on motion due to pain, pain with flexion of spine, pain to bilateral facet joint, pain to lumbar paraspinal muscles, pain to posterior sacroiliac joint, pain to lateral trochanteric bursa and lateral thigh tenderness. Diagnoses included disc degeneration unspecified, bursitis disorders and lumbago. The treatment plan included trochanteric bursa injection to the left hip due to increased pain, Ibuprofen, Cyclobenzaprine and Xanax. Follow up was indicated in 4 weeks. Work status included work with no restrictions. Documentation submitted for review showed use of Cyclobenzaprine, Xanax and Ibuprofen dating back to 01-26-2015. A urine toxicology report dated 06-30-2015 and 08-07-2015 was negative for Alprazolam and a-Hydroxyalprazolam and was noted as not consistent. An authorization request dated 08-27-2015 was submitted for review. The requested services included Cyclobenzaprine 10 mg #60, Xanax 0.25 mg #5 and Ibuprofen 800 mg #90 and left trochanteric bursa injection. On 09-18-2015, Utilization Review non-certified the request for Cyclobenzaprine 10 mg #60, Xanax 0.25 mg #5 and Ibuprofen 800 mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10 mg #60: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** Based on the 08/27/15 progress report provided by treating physician, the patient presents with pain to neck, lower back and hip. The request is for CYCLOBENZAPRINE 10 MG #60. Patient's diagnosis per Request for Authorization form dated 08/27/15 includes unspecified disc degeneration, lumbago, and other bursitis disorders. Diagnosis per RFA dated 05/27/15 includes shoulder region disease NEC and cervicgia. Patient's gait is slightly antalgic. Physical examination to the lumbar on 08/27/15 revealed pain to the paraspinal muscles and bilateral facet joints; stiffness on motion and pain with flexion. Pain noted to sacroiliac joint, lateral trochanteric bursa and lateral thigh. Patient's medications include Tramadol, Cyclobenzaprine, Xanax and Ibuprofen. The patient is working, per 08/27/15 report. MTUS, Muscle relaxants for pain Section, pg 64 states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "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). This medication is not recommended to be used for longer than 2-3 weeks." MTUS, Cyclobenzaprine (Flexeril) Section, page 41 states: "Recommended as an option, using a short course of therapy." Flexeril (Cyclobenzaprine) has been included in patient's medications per progress reports dated 02/04/15, 05/21/15 and 08/27/15. Per 08/27/15 report, treater states that medications help "to reduce pain level and allow [the patient] to continue to work." However, MTUS recommends Cyclobenzaprine only for a short period (no more than 2-3 weeks). Per 02/04/15 report, Flexeril was started on 12/29/14, which is more than 9 months from UR date of 09/18/15. Furthermore, the request for quantity 60 does not indicate intended short-term use of this medication. This request is not in accordance with guidelines. Therefore, this retrospective request IS NOT medically necessary.

**Xanax 0.25 mg #5: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Xanax.

**Decision rationale:** Based on the 08/27/15 progress report provided by treating physician, the patient presents with pain to neck, lower back and hip. The request is for XANAX 0.25 MG #5. Patient's diagnosis per Request for Authorization form dated 08/27/15 includes unspecified disc

degeneration, lumbago, and other bursitis disorders. Diagnosis per RFA dated 05/27/15 includes shoulder region disease NEC and cervicalgia. Patient's gait is slightly antalgic. Physical examination to the lumbar on 08/27/15 revealed pain to the paraspinal muscles and bilateral facet joints; stiffness on motion and pain with flexion. Pain noted to sacroiliac joint, lateral trochanteric bursa and lateral thigh. Patient's medications include Cyclobenzaprine, Xanax and Ibuprofen. The patient is working, per 08/27/15 report. MTUS Guidelines page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG-TWC, Pain (Chronic) Chapter, under Xanax (Alprazolam) states: "Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression." Xanax has been included in patient's medications per progress reports dated 02/04/15, 05/21/15 and 08/27/15. Per 08/27/15 report, treater states that medications help "to reduce pain level and allow [the patient] to continue to work." However, guidelines do not recommend long-term use of benzodiazepines. Per 02/04/15 report, Xanax was started on 01/28/15, which is more than 8 months from UR date of 09/18/15. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

**Ibuprofen 800 mg #90:** Overturned

**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): Anti-inflammatory medications.

**Decision rationale:** Based on the 08/27/15 progress report provided by treating physician, the patient presents with pain to neck, lower back and hip. The request is for IBUPROFEN 800 MG #90. Patient's diagnosis per Request for Authorization form dated 08/27/15 includes unspecified disc degeneration, lumbago, and other bursitis disorders. Diagnosis per RFA dated 05/27/15 includes shoulder region disease NEC and cervicalgia. Patient's gait is slightly antalgic. Physical examination to the lumbar on 08/27/15 revealed pain to the paraspinal muscles and bilateral facet joints; stiffness on motion and pain with flexion. Pain noted to sacroiliac joint, lateral trochanteric bursa and lateral thigh. Patient's medications include Cyclobenzaprine, Xanax and Ibuprofen. The patient is working, per 08/27/15 report. MTUS, Anti-inflammatory medications, pg 22 states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Ibuprofen has been included in patient's medications per progress reports dated 02/04/15, 05/21/15 and 08/27/15. Per 02/04/15 report, Ibuprofen was started on 01/28/15. Per 08/27/15 report, treater states that medications help "to reduce pain level and allow [the patient] to continue to work." Given patient's continued

pain and documentation of functional improvement, this request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.