

Case Number:	CM15-0211972		
Date Assigned:	10/30/2015	Date of Injury:	02/28/2006
Decision Date:	12/14/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a 59 year old male who sustained a work-related injury on 2-28-06. Medical record documentation on 9-3-15 revealed the injured worker was being treated for chronic cervicgia, chronic low back pain, lumbar degenerative disc disease, sciatica, and post-concussional syndrome. He had continued chronic pain in the neck and back with radicular symptoms into the bilateral lower extremities. He noted chronic migraine headaches. His medication regimen included MS Contin 30 mg, Norco 10-325 mg, Meclizine 25 mg, Flexeril 10 mg (since at least 4-8-15), Lunesta 2 mg, Lyrica 75 mg and Maxalt 10 mg. He was prescribed Xanax since 4-8-15. He reported difficulty with the reduction in his Norco frequency. His MS Contin dosage was reduced in June, 2015 and he also had a reduction in his Xanax. The evaluating physician noted that the injured worker's opiate and muscle relaxant medications were necessary to manage his pain adequately so that he could perform activities of daily living such as cooking, cleaning, grooming or any prolonged upright activities. He rated his pain a 4 on a 10-point scale with his pain medications and an 8-9 on a 10-point scale without his medications. His walking tolerance was 10-15 minutes with his medications and less than 10 minutes without his medications. A urine drug screen on 3-10-15 revealed results consistent with the injured worker's medication regimen. Objective findings included positive impingement signs in the right shoulder with forward flexion and abduction limited to 90 degrees. He had tenderness to palpation over the cervical spine and the bilateral cervical paraspinal muscles with slight spasm. His tenderness extended into the bilateral trapezius muscle right more than left. His cervical spine range of motion was moderately reduced in all planes except flexion and left rotation. He had tenderness

to palpation in the mid and lower thoracic paraspinal muscles and throughout the lumbar spine. He had bilateral positive seated straight leg raise. The injured worker reported tenderness to palpation at the medial joint line of the left knee and his flexion was slightly reduced. A request for Xanax 1.5 mg #60 and Flexeril 10 mg #60 was received on 10-2-15. On 10-8-15, the Utilization Review physician modified Xanax 1.5 mg #60 to #43 and determined Flexeril 10 mg #60 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1.5mg Qty: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute Official Disability Guidelines (ODG) Treatment in Workers Compensation 5th edition 2007 or current year.

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), Benzodiazepines.

Decision rationale: The claimant sustained a work injury in February 2006 when he fell while walking in the dark, striking his head with loss of consciousness. He has a history of multiple subsequent falls. He underwent a left ulnar nerve transposition and carpal tunnel release in October 2014. When seen, none of his medications had been authorized. He had tapered his medications as much as he could. He was paying out-of-pocket for Xanax and taking it sparingly. It had been prescribed for anxiety and to prevent migraines. He was still experiencing some withdrawal symptoms. He was continuing to note chronic neck and back pain with radicular symptoms extending to the lower extremities. He was having chronic migraine headaches. He was having difficulty sleeping. Medications are referenced as generally decreasing pain from 8-9/10 to 4/10 with improved walking and activity tolerance. Physical examination findings included positive right shoulder impingement testing. Examination of the left shoulder was deferred as he was wearing a sling. He had tenderness throughout the spine with spasms. There was decreased cervical spine range of motion. Seated straight leg raising was positive bilaterally. He had left medial joint line tenderness with slight swelling and decreased range of motion. Romberg testing was positive. He had decreased lower extremity strength which was limited by pain and guarding. He had decreased right lower extremity and right upper extremity sensation. Xanax and Flexeril were prescribed. Xanax (alprazolam) is a benzodiazepine which is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Recent research also suggests that the use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and

there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with more than the recommended duration of use. It had been previously prescribed on a long-term basis. Prescribing Flexeril is not medically necessary.

Flexeril 10mg Qty: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in February 2006 when he fell while walking in the dark, striking his head with loss of consciousness. He has a history of multiple subsequent falls. He underwent a left ulnar nerve transposition and carpal tunnel release in October 2014. When seen, none of his medications had been authorized. He had tapered his medications as much as he could. He was paying out-of-pocket for Xanax and taking it sparingly. It had been prescribed for anxiety and to prevent migraines. He was still experiencing some withdrawal symptoms. He was continuing to note chronic neck and back pain with radicular symptoms extending to the lower extremities. He was having chronic migraine headaches. He was having difficulty sleeping. Medications are referenced as generally decreasing pain from 8-9/10 to 4/10 with improved walking and activity tolerance. Physical examination findings included positive right shoulder impingement testing. Examination of the left shoulder was deferred as he was wearing a sling. He had tenderness throughout the spine with spasms. There was decreased cervical spine range of motion. Seated straight leg raising was positive bilaterally. He had left medial joint line tenderness with slight swelling and decreased range of motion. Romberg testing was positive. He had decreased lower extremity strength which was limited by pain and guarding. He had decreased right lower extremity and right upper extremity sensation. Xanax and Flexeril were prescribed. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with more than the recommended duration of use. It had been previously prescribed on a long-term basis. Prescribing Flexeril is not medically necessary.