

Case Number:	CM15-0217734		
Date Assigned:	11/19/2015	Date of Injury:	04/02/2004
Decision Date:	12/31/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/05/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

This injured worker is a 56 year old male, who sustained an industrial injury on 04-02-2004. The injured worker was diagnosed as having chronic neck pain secondary to cervical degenerative disc disease status post cervical fusion at C5, C6 and C7, cervical torticollis status post Botox injections with improvement, chronic pain syndrome, chronic headaches, neuropathy pain, sleep apnea, sexual dysfunction and depression. On medical records dated 10-16-2015, the subjective complaints were noted as chronic neck pain and headaches. Pain was rated an 8 out of 10 at its worst and 5 out of 10 at its best. Objective findings were noted as cervical spine range of motion was limited. Mild tenderness with palpation to cervical paraspinals was noted and neurologic exam was non-focal. Injured worker was noted to have a stooped posture with neck in slight right rotation and right shoulder drop. Treatment to date included Botox injections, medication, physical therapy and cognitive behavior therapy. Current medications were listed as Oxycodone, Lyrica, Xanax (since at least 07-2015), Amrix, Wellbutrin, Topamax, Lexapro and Trazodone. The Utilization Review (UR) was dated 10-28-2015. A Request for Authorization was dated 10-07-2015. The UR submitted for this medical review indicated that the request for Xanax 1mg #90 and Amrix 15mg #60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress - Benzodiazepine.

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

Decision rationale: Guidelines state that benzodiazepines are not recommended for long term use and use is limited to 2-3 weeks. Benzodiazepines are not recommended for use with chronic opioids. In this case, the patient has been taking Xanax for longer than 4 weeks which is not in compliance with guidelines and prior reviews have recommended weaning. The request for Xanax 1 mg #90 is not medically necessary and appropriate.

Amrix 15mg #60: 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: Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, the patient has been using this medication long term. The request for Amrix 15 mg #60 is not medically appropriate and necessary.