

<b>Case Number:</b>	CM15-0219587		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	08/13/1997
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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. A review of the medical records indicated that the injured worker is undergoing treatment for lumbago and degeneration of intervertebral disc. According to the treating physician's progress report on 09-22-2015, the injured worker presented for medication re-assessment and rated her pain at 6 out of 10 with medications and 8 out of 10 on the pain scale without medications. There was no physical examination, location of pain or objective findings in the report dated 09-22-2015. On 08-27-2015 the injured worker complained of neck, lower back and left hip pain rated the same as the 09-22-2015 report. Gait was slightly antalgic. Examination noted overall stiffness on motion due to pain. Flexion produced pain. There was pain to palpation of the bilateral facet joints of the lumbar paraspinal region. The left hip was painful from the sacroiliac (SI) joint to the lateral trochanteric bursa with lateral thigh tenderness. Prior surgical interventions or therapies were not discussed in either the 09-22-2015 or 08-27-2015 reports. Current medications as of the 07-27-2015 report were listed as Tramadol, Motrin, Xanax, Gabapentin, Flexeril and Voltaren gel. A positive urine drug screening on 06-22-2015 for Oxycodone was noted; used from an old prescription. A urine drug screening collected on 09-22-2015 was inconsistent for prescribed medications. Treatment plan consists of the current request for Ibuprofen 800mg one tab three times a day #90 (since at least 05-2015), Xanax 0.25mg one daily as needed #5 (since at least 05-2015) and Cyclobenzaprine 10mg one twice a day as needed # 60 (since at least 05-2015). On 10-07-2015 the Utilization Review determined the requests for Ibuprofen 800mg one tab three times a day #90, Xanax 0.25mg one daily as needed #5 and Cyclobenzaprine 10mg one twice a day as needed # 60 were not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg 1 tab three times a day #90:** 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): Anti-inflammatory medications.

**Decision rationale:** The patient was injured on 08/13/97 and presents with lumbar spine pain. The request is for IBUPROFEN 800 MG 1 TAB THREE TIMES A DAY #90. The patient is diagnosed with lumbago and degeneration of intervertebral disc. The patient has tenderness along the lumbar spinous processes, marked SI joint discomfort, marked pain at the left trochanteric bursa, tenderness at the left/right paralumbar spine, and a painful flexion of the lumbar spine. The RFA is dated 09/22/15 and the patient's current work status is not provided. MTUS Guidelines, Anti-inflammatory Medications Section, page 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 non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The reason for the request is not provided. The patient has been taking this medication as early as 05/21/15. The 07/22/15 treatment report states that the patient rated her pain as a 6/10 with and 7/10 without medications. The patient is able to cook, do laundry, garden, shop, bathe, manage medication, drive, brush teeth, and dress. However, none of the reports provided discuss how Ibuprofen has specifically impacted the patient's pain and function. In addition, a 1 point difference on VAS does not indicate significant reduction in pain. Therefore, the request IS NOT medically necessary.

**Xanax 0.25mg 1 tab daily as needed #5:** 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): Benzodiazepines.

**Decision rationale:** The patient was injured on 08/13/97 and presents with lumbar spine pain. The request is for XANAX 0.25 MG 1 TAB DAILY AS NEEDED #5. The patient is diagnosed with lumbago and degeneration of intervertebral disc. The RFA is dated 09/22/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 05/21/15. MTUS Guidelines, Benzodiazepines, page 24 states, Benzodiazepines are 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. The reason for the request is not provided. The patient has tenderness along the lumbar spinous processes, marked SI joint discomfort, marked pain at the left trochanteric bursa, tenderness at the left/right paralumbar spine, and a painful flexion of the lumbar spine. The patient has been taking Xanax since 05/21/15 which

exceeds the 4 weeks recommended by MTUS Guidelines. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS Guidelines. Therefore, the requested Xanax IS NOT medically necessary.

**Cyclobenzaprine 10mg 1 tab twice a day as needed #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): Muscle relaxants (for pain).

**Decision rationale:** The patient was injured on 08/13/97 and presents with lumbar spine pain. The request is for CYCLOBENZAPRINE 10 MG 1 TAB TWICE A DAY AS NEEDED #60. The patient is diagnosed with lumbago and degeneration of intervertebral disc. The RFA is dated 09/22/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 05/21/15. MTUS Guidelines, Muscle Relaxants section, pages 63-66 states: Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. The reason for the request is not provided. The patient has tenderness along the lumbar spinous processes, marked SI joint discomfort, marked pain at the left trochanteric bursa, tenderness at the left/right paralumbar spine, and a painful flexion of the lumbar spine. MTUS Guidelines do not recommend the use of Cyclobenzaprine for longer than 2 to 3 weeks. In this case, the patient has been taking this medication as early as 05/21/15, which exceeds the 2-3 weeks recommended by MTUS Guidelines. Furthermore, the requested 60 tablets exceed guidelines. The requested Cyclobenzaprine IS NOT medically necessary.