

Case Number:	CM15-0039627		
Date Assigned:	03/10/2015	Date of Injury:	02/01/2011
Decision Date:	04/17/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/03/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 51-year-old male, who sustained an industrial injury on 2/11/2011. Currently he reports continued pain in the low back and right leg, improved with medications. The injured worker was diagnosed with, and/or impressions were noted to include post lumbar laminectomy syndrome, and chronic post-operative pain. Treatments to date have included consultations, diagnostic laboratory and imaging studies; lumbar fusion surgery (8/24/11); physical therapy; chiropractic treatments; medication management; and a failed detoxification program. Current notes, from August 2014, show no change in complaints, that he had been weaned off of all medications except Xanax, and he only needs Xanax, cyclobenzaprine and clonidine; added in December 2014, was hydroxyzine for pruritus. The November 2014 notes state he has reached therapeutic tolerance with his maintenance regimen that is managing his overall pain well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain in this case. There is no recent documentation of improvement of the patient's condition with the previous use of Alprazolam. Therefore the use of Alprazolam 0.5mg QTY: 90 is not medically necessary.

Cyclobenzaprine 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request for Cyclobenzaprine 10mg #90 is not medically necessary.

Hydroxyzine HCL 25mg #30 1 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) .

Decision rationale: According to ODG guidelines, Hydroxyzine could be used as an alternative as an anxiety medication for chronic pain. There is no documentation that the patient is suffering from anxiety. In addition, the patient has been using Hydroxyzine for a long time without evidence of functional improvement. Therefore, the request for Hydroxyzine HCL 25mg #30 is not medically necessary.