

Case Number:	CM15-0085186		
Date Assigned:	06/01/2015	Date of Injury:	11/01/2000
Decision Date:	06/30/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/04/2015

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, Hawaii
 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 55 year old male, who sustained an industrial injury on November 1, 2000. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having a history of multiple lumbar surgeries, status post percutaneous peripheral nerve stimulation with power source placement and a lumbar fusion, intractable lumbar pain, intervertebral disc disorder, and lumbar radiculopathy. Diagnostic studies were not included in the provided medical records. Treatment to date has included a home exercise program, a cane, and medications including short-acting and long acting opioid pain, anti-epilepsy, muscle relaxant, and anti-anxiety. On March 23, 2015, the injured worker complains of lumbar pain. The physical exam revealed loss of range of motion. The treatment plan includes Xanax, Flexeril, and Pepcid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Alprazolam (Xanax).

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

Decision rationale: The patient presents with chronic back pain. The current request is for Xanax 1mg #60. UR modified the request to Xanax 1mg #54 for weaning. The treating physician states on 4/20/15 (33B) "Xanax he is taking on average once a day for panic attacks." The MTUS guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The treating physician report dated 5/18/15 (35B) states that medication is being prescribed for the patient's anxiety. Review of clinical records provided indicate that the patient has been prescribed Xanax at least since 12/23/14 (21B) despite this medication only being supported for short term usage as MTUS states, "Most guidelines limit use to 4 weeks." There is no documentation supplied that would override the MTUS guidelines and the guidelines do not support continued usage of this medication. Recommendation is for denial. The request is not medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics: Cyclobenzaprine (Flexeril) Page(s): 64.

Decision rationale: The patient presents with chronic back pain. The current request is for Flexeril 10mg #60. The treating physician states on 4/20/15 (33B) that the patient is "taking Flexeril 10mg twice a day". MTUS guidelines regarding Cyclobenzaprine (Flexeril) state, "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment." In this case, it is unclear how long the patient has been medicating with Cyclobenzaprine but it appears usage dates back till at least 12/4/14 (18B) and that the patient has been prescribed this medication on an on-going basis. MTUS does not support on-going, long-term use of Flexeril. There is no documentation supplied that would override the MTUS guidelines and the guidelines do not support continued usage of this medication. Recommendation is for denial. The request is not medically necessary.

Pepcid 40mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI); May 2012, page 12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

Decision rationale: The patient presents with chronic back pain. The current request is for Pepcid 40mg #30. The treating physician states on 4/20/15 (33B) that the patient is taking Pepcid "for chronic epigastric complaints". Pepcid (famotidine) is histamine-2 blockers. Famotidine works by decreasing the amount of acid the stomach produces. The ACOEM, MTUS and ODG Guidelines do not specifically discuss Famotidine. However, MTUS Guidelines state under NSAIDs (GI symptoms & cardiovascular risk): Recommend with precautions as indicated below. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the patient is not currently taking an NSAID. The treating physician does state that the patient suffers from chronic epigastric complaints but the clinical records submitted for review did not document objective findings of gastrointestinal events, history of peptic ulcer, GI bleeding or perforation. The current request is not medically necessary and the recommendation is for denial. The request is not medically necessary.