

Case Number:	CM14-0218598		
Date Assigned:	01/08/2015	Date of Injury:	06/27/2011
Decision Date:	03/09/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/30/2014

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 sustained a work related injury on June 27, 2011, falling, injuring the left side of the face, knees, and ankles. The injured worker was noted to have undergone cervical fusion in 2012, and 2013, neck surgery in 2012, lumbar fusion in 1995, right knee surgery in 2011, and four hand surgeries for carpal tunnel syndrome. The injured worker's conservative treatments were noted to have included bracing, use of a cane, right shoulder, cervical, and right knee injections, physical therapy, and oral medications. The Primary Treating Physician's visit dated November 11, 2014, noted the injured worker with complaints of neck pain that radiates to the left arm and to the hand, with reflux, and difficulty swallowing. Physical examination was noted to show the voice harsh and decreased sensation in the left arm, with cervical flexion noted as extension 10 degrees, right 75 degrees, and left 75 degrees. The diagnoses included status post cervical fusion 2012, dystonia, and severe reflux, slightly better with Reglan. The Physician requested authorization for Klonopin 0.5mg #90 one tablet three times a day, Imitrex 100mg #12 one tablet every PM, Xanax 0.5mg #60 one tablet twice a day, and Flexeril 10mg #90 one tablet three times a day. On December 1, 2014, Utilization Review evaluated the request for Klonopin 0.5mg #90 one tablet three times a day, Imitrex 100mg #12 one tablet every PM, Xanax 0.5mg #60 one tablet twice a day, and Flexeril 10mg #90 one tablet three times a day, citing the MTUS Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines. The UR Physician noted that the MTUS guidelines did not recommend the long term use of benzodiazepines for chronic pain, with a limit of four weeks, and that given that the injured worker had previously used these medications the requests for Klonopin 0.5mg #90 one tablet

three times a day, and Xanax 0.5mg #60 one tablet twice a day exceeded the guideline recommendations. The UR Physician noted there was no documentation of muscle spasms to warrant an antispasmodic medication, and the current guidelines recommended use for a two to three week period and the requested Flexeril 10mg #90 one tablet three times a day had already exceeded the guideline recommendations. The UR Physician noted that there was no clear documentation that the injured worker had migraine headaches in order to warrant the request for Imitrex 100mg #12 one tablet every PM, therefore medical necessity was not established. The UR Physician noted that based on the clinical information submitted for review, and using the evidence based, peer-reviewed guidelines, the requests for Klonopin 0.5mg #90 one tablet three times a day, Imitrex 100mg #12 one tablet every PM, Xanax 0.5mg #60 one tablet twice a day, and Flexeril 10mg #90 one tablet three times a day were non-certified, and that with non-approval of the requested medications, appropriate weaning protocol should be employed for controlled substances. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg, #90, 1 tablet 3 times a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic) Chapter, Benzodiazepine

Decision rationale: The patient presents with neck pain, left shoulder pain, and gastrointestinal problems. The request is for KLONOPIN 0.5 MG #90, 1 TABLET 3 TIMES A DAY. The patient has been taking this medication as early as 05/07/14. ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: Not recommended for long-term use (longer than two weeks), 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. The MTUS Guidelines page 24 states, benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence. As of 07/17/14, the patient is taking Norco, Opana, Imitrex, Zofran, Prozac, Mylicon, Klonopin, and Xanax. The patient has been taking Klonopin since 05/07/14. Given the patient's chronic pain and depression, there may be significant sleep issues. However, the progress reports do not discuss the patient's sleep issues in detail. Additionally, the patient has been using the medication for several months. Both MTUS and ODG guidelines do not support the long-term use of benzodiazepine. Therefore, the requested Klonopin IS NOT medically necessary.

Imitrex 100mg, #12, 1 tablet Q.P.M.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, Triptan

Decision rationale: The patient presents with neck pain, left shoulder pain, and gastrointestinal problems. The request is for IMITREX 100 MG #12, 1 TABLET QPM. The utilization review denial letter rationale is that ODG recommends this medication for treatment of migraine headaches there was no clear documentation that this patient indeed has this condition in order to warrant the requested medication. The patient has been taking this medication as early as 04/14/14. ODG Guidelines, chapter 'Head' and topic Triptan', state that Triptans such as Sumatriptan are Recommended for migraine sufferers. At marketed doses, all oral triptans are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. As of 07/17/14, the patient is taking Norco, Opana, Imitrex, Zofran, Prozac, Mylicon, Klonopin, and Xanax. The patient has been taking Imitrex since 04/14/14. The 08/19/14 and 11/12/14 report both state that the patient has migraine-headaches. However, none of the reports provided indicate how Imitrex has impacted the patient's migraine-headaches. Due to lack of documentation, the requested Imitrex IS NOT medically necessary.

Xanax 0.5mg, #60, 1 tablet twice a day: Upheld

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

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

Decision rationale: The patient presents with neck pain, left shoulder pain, and gastrointestinal problems. The request is for XANAX 0.5 MG #60, 1 TABLET TWICE A DAY. She has a limited range of motion of her neck, spasm along the paravertebral muscles of the neck to palpation, and tenderness to palpation in her left paraspinal muscles and her left trapezial muscle. The range of motion of her shoulder is associated with left shoulder pain. The patient has been taking this medication as early as 04/14/14. MTUS Guidelines 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 patient has been taking Xanax since 04/14/14, and it would appear that this medication is prescribed on a long-term basis, over 3 months. The treating physician does not mention that this is for a short-term use. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS Guidelines. It is not recommended for long-term use; therefore, the requested Xanax IS NOT medically necessary.

Flexeril 10mg, #90, 1 tablet 3 times a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with neck pain, left shoulder pain, and gastrointestinal problems. The request is for FLEXERIL 10 MG #90, 1 TABLET 3 TIMES A DAY. She has a limited range of motion of her neck, spasm along the paravertebral muscles of the neck to palpation, and tenderness to palpation in her left paraspinal muscles and her left trapezial muscle. The range of motion of her shoulder is associated with left shoulder pain. There is no indication of when the patient began taking this medication. None of the reports provided mention Flexeril. MTUS page 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 exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): recommend for a short course of therapy. None of the reports provided discussed Flexeril. It is unknown when the patient began taking Flexeril or if this is the first prescription for Flexeril. MTUS Guidelines do not recommend use of cyclobenzaprine for longer than 2 to 3 weeks. Since the date the patient initially began taking Flexeril is not provided, she may have already exceeded the 2 to 3 week recommended by MTUS Guidelines. It is unknown if this medication is prescribed on a long-term basis. Therefore, the requested Flexeril IS NOT medically necessary.