

Case Number:	CM15-0018862		
Date Assigned:	02/06/2015	Date of Injury:	08/05/2005
Decision Date:	03/31/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/02/2015

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 54 year old male who sustained a work related injury August 5, 2005. Past history included inflammatory bowel syndrome, hypertension, diabetes mellitus, anxiety and depression. According to a treating physician's progress report dated December 17, 2015, the injured worker presented with complaints of severe left sided back pain with radiation to his left leg. He is not working and stays active working in his garden. Diagnoses are herniated nucleus pulposus probably at L4-5 and L5-S1 bilaterally on the left with radiculopathy; degenerative joint disease at L4-5 and L5-S1 bilaterally. Treatment plan included renewal of medications and a referral to pain management for epidural injections. According to utilization review dated January 13, 2015, the request for Flexeril 7.5mg #60 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Xanax 1mg #60 has been modified to Xanax 1mg #38, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Consultation with Pain Management Specialist for Epidural Injections is non-certified, citing Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg.56.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

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

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

Decision rationale: The 1/13/15 Utilization Review letter states the Flexeril 7.5mg, #60 requested on the 12/17/14 medical report was denied because there was no evidence of muscle spasms. The 12/17/14 orthopedic report indicates the patient presents with worsening low back pain that radiates to the left leg. He was using tramadol, naproxen, and Xanax. Diagnoses include: HNP probably at L4/5 and L5/S1 bilaterally on the left with radiculopathy; DJD L4/5 and L5/S1 bilaterally; GERD; Depression; Anxiety; Insomnia; Sexual Dysfunction; Hypertension; Diabetes Mellitus; IBS. The treatment plan indicates the physician renewed and dispensed medications including Flexeril 7.5mg #60, Xanax 1mg, #60, tramadol #60. The 3/12/14 report states the patient has not had epidural injections in over a year and a half. Medications on 3/12/14 included Xanax, Prozac, Tramadol. MTUS Chronic Pain Medical Treatment Guidelines pg 63-66, Muscle relaxants (for pain) under ANTISPASMODICS: Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Dosing states: This medication is not recommended to be used for longer than 2-3 weeks. (See, 2008) The available reports did not discuss the dosing on the Flexeril. The report states that the physician renewed the medication, suggesting that it was dispensed previously, however, prior report from the orthopedist is dated 6/11/14 and does not discuss use of Flexeril. MTUS guidelines do not recommend use of Flexeril over 3 weeks. Without a complete prescription, the requested use of Flexeril cannot be verified to be in accordance with the MTUS recommendations. The request for an incomplete prescription of Flexeril 7.5mg, #60 IS NOT medically necessary.

Xanax 1mg #60: Upheld

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

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

Decision rationale: The 1/13/15 Utilization Review letter states the Xanax 1mg, #60 requested on the 12/17/14 medical report was modified for weaning purposes because guidelines recommend short-term use. The 12/17/14 orthopedic report indicates the patient presents with worsening low back pain that radiates to the left leg. He was using tramadol, naproxen, and Xanax. Diagnoses include: HNP probably at L4/5 and L5/S1 bilaterally on the left with radiculopathy; DJD L4/5 and L5/S1 bilaterally; GERD; Depression; Anxiety; Insomnia; Sexual Dysfunction; Hypertension; Diabetes Mellitus; IBS. The treatment plan indicates the physician renewed and dispensed medications including Flexeril 7.5mg #60, Xanax 1mg, #60, tramadol #60. The 3/12/14 report states the patient has not had epidural injections in over a year and a half. Medications on 3/12/14 included Xanax, Prozac, Tramadol. MTUS Chronic Pain Medical Treatment Guidelines page 24 for Benzodiazepines states: 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 Xanax is a benzodiazepine. MTUS specifically recommends against using Benzodiazepines over 4-weeks. The request for continued use of Xanax is not in accordance with MTUS guidelines. The request for Xanax 1mg, #60 IS NOT medically necessary.

1 Consultation with pain management specialist for epidural injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The 1/13/15 Utilization Review letter states the pain management consultation for epidural injections, requested on the 12/17/14 medical report was denied because the patient does not have radicular symptoms. The 12/17/14 orthopedic report indicates the patient presents with worsening low back pain that radiates to the left leg. Diagnoses include: HNP probably at L4/5 and L5/S1 bilaterally on the left with radiculopathy; DJD L4/5 and L5/S1 bilaterally; GERD; Depression; Anxiety; Insomnia; Sexual Dysfunction; Hypertension; Diabetes Mellitus; IBS. The treatment plan indicates the physician renewed and dispensed medications including Flexeril 7.5mg #60, Xanax 1mg, #60, tramadol #60. The 3/12/14 report states the patient has not had epidural injections in over a year and a half. MTUS Chronic Pain Treatment Guidelines, section on Epidural steroid injections [ESIs] page 46 states these are Recommended as an option for treatment of radicular pain [defined as pain in dermatomal distribution with corroborative findings of radiculopathy]. The MTUS Criteria for the use of Epidural steroid injections states: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Physical exam on 12/17/14 did not identify any pain in a dermatomal distribution nor was there any corroborative finding of radiculopathy. Based on the available documentation, the MTUS criteria for an epidural steroid injection has not been met. The request for 1 consultation with pain management specialist for epidural injections, IS NOT medically necessary.