

Case Number:	CM15-0111450		
Date Assigned:	06/17/2015	Date of Injury:	12/23/2014
Decision Date:	07/21/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/09/2015

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: Indiana, Michigan, California
 Certification(s)/Specialty: Family Practice

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 female with a date of injury on 12/23/2014. The injury was work related & involved the injured worker as a restrained driver in a motor vehicle accident which caused low back, neck, left foot & bilateral wrist pain. Diagnoses include closed fracture of the anterior column of the ninth thoracic vertebra, sprain & strain of the wrists & left plantar fasciitis. Treatment has involved physical therapy, lumbosacral orthosis & medications. Diagnostic evaluation included cervical spine, right shoulder, right arm, right hand, left shoulder, left wrist, left ankle & left foot x-rays which were negative for fracture on 2/5/2015. MRI completed on 3/26/2015 showed moderate plantar fasciitis. CT of the thoracic spine on 3/26/2015 revealed a mild ninth thoracic compression fracture Request is for an Independent Medical Review for continued Cyclobenzaprine 7.5 mg #60 & Xanax 0.5 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #30: Upheld

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

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

Decision rationale: Benzodiazepines are not recommended for long term use. The long term effectiveness of benzodiazepines has not been demonstrated & the risk for dependency makes the use of benzodiazepines problematic. Therefore, the request for Xanax 0.5 mg #30 is not medically necessary or appropriate.

Cyclobenzaprine (Flexeril) 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants (for pain) Page(s): 41-42 & 63-64.

Decision rationale: The use of Cyclobenzaprine for back pain has been shown to be more effective than placebo but only in short term use. Side effects such as drowsiness & dizziness limit usefulness. Efficacy of muscle relaxants seem to decrease over time & long term use may lead to dependency. Therefore, the request for Cyclobenzaprine 7.5 mg #60 is not medically necessary or appropriate.