

Case Number:	CM15-0025951		
Date Assigned:	02/18/2015	Date of Injury:	09/25/1998
Decision Date:	04/02/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/11/2015

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 65 year old female who sustained an industrial related injury on 9/25/98 due to a fall. The injured worker had complaints of back pain and neck pain that radiated to bilateral ankles, bilateral arms, right calf, bilateral feet, and bilateral thighs. Diagnoses included thoracic radiculitis, muscle pain, spasm, low back pain, intervertebral disc disorder of lumbar region with myelopathy, insomnia, displacement of lumbar intervertebral disc without myelopathy, lumbar post-laminectomy syndrome, depressive disorder, chronic pain due to injury, anxiety, arthropathy of lumbar facet, lumbosacral radiculopathy, and cervical radiculopathy. Treatment included trigger point injections and a reported 5 back surgeries. Medications included Trazodone, Noco, Skelaxin, Xanax, and Ibuprofen. The treating physician requested authorization for Xanax 0.25mg #24 and Skelaxin 800mg #90. On 1/9/15 the requests were non-certified. Regarding Xanax, the utilization review (UR) physician cited the Official Disability Guidelines (ODG) and noted benzodiazepines are generally not recommended for long term use. Objective evidence to support clinical improvement was not documented. Regarding Skelaxin, the UR physician cited ODG and noted muscle relaxants are indicated for short term treatment of acute pain exacerbations. The functional benefit from previous use was not established. Therefore the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 tablets of Xanax 0.25 mg: 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: 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. The medication was prescribed for several months without documentation of its efficacy. There is no documentation for the indication and rationale for continuous use of Xanax. Therefore the use of Xanax 0.25mg #24 is not medically necessary.

90 tablets of Skelaxin 800 MG: 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 Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Skelaxin a non sedating muscle relaxant 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 patient in this case, there is no recent documentation of acute muscle spasm or acute exacerbation of the low back pain. There is no clear justification for prolonged use of skelaxin. The request of Skelaxin 800mg, #90 is not medically necessary.