

<b>Case Number:</b>	CM15-0077258		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	03/10/2004
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 56 year old female, who sustained an industrial injury on 3/10/2004. She reported right shoulder and neck pain. Diagnoses include status post three cervical fusions, right shoulder surgery, with residual bilateral upper extremity radiculopathy, bilateral lower extremity radiculitis, and moderate neuroforaminal stenosis. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, she complained of neck pain and dizziness. On 3/3/15, the physical examination documented cervical tenderness and muscle guarding, positive straight leg raise test with decreased range of motion to cervical and lumbar spines. There was decreased sensation noted along C6-C7 and L5-S1 dermatomes. The plan of care included continuation of medication therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine (Flexeril, Amrix, Fexmid).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril).

**Decision rationale:** MTUS Chronic Pain Medical Treatment states for Fexmid (Cyclobenzaprine), "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy . . . The addition of cyclobenzaprine to other agents is not recommended." Several other pain and anti anxiety medications are being requested, along with cyclobenzaprine, which ODG recommends against. As such, the request for Fexmid 7.5mg #60 is not medically necessary.

**Xanax 0.5mg #70:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, Benzodiazepines.

**Decision rationale:** MTUS and ODG states that benzodiazepine (ie Lorazepam) is "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG further states regarding Lorazepam "not recommended." The patient has exceeded guidelines and tapering of the medication was recommended. The medical record does not provide any extenuating

circumstances to recommend exceeding the guideline recommendations. As such, the request for Xanax 0.5mg #70 is not medically necessary.

**Reglan 10mg #45:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Reglan, Antiemetics (for opioid nausea).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, NSAIDs, GI symptoms, opioids Page(s): 68-69, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Antiemetics (for opioid nausea).

**Decision rationale:** Reglan is an antiemetic used to decrease nausea and vomiting. Nausea is a known side effect of chronic opioid use and some Serotonin norepinephrine reuptake inhibitors (SNRIs). ODG does not recommend use of antiemetic for "nausea and vomiting secondary to chronic opioid use." Additionally, "This drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use." There is no evidence that patient is undergoing chemotherapy/radiation treatment or postoperative. MTUS is specific regarding the gastrointestinal symptoms related to NSAID usage. If criteria are met, the first line treatment is to discontinue usage of NSAID, switch NSAID, or consider usage of proton pump inhibitor. There is no documentation provided that indicated the discontinuation of NSAID or switching of NSAID occurred. Additionally, Reglan is not a proton pump inhibitor and is not considered first line treatment. As such the request for Reglan 10mg #45 is not medically indicated.