

Case Number:	CM15-0079530		
Date Assigned:	04/30/2015	Date of Injury:	04/06/2005
Decision Date:	07/02/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/24/2015

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: 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 48 year old male, who sustained an industrial injury on 4/6/2005. He reported injury from an altercation from an arrest. The injured worker was diagnosed as having post-traumatic stress disorder, depression, anxiety, hypertension, lumbar disc degeneration, cervical and lumbar dis injury and myofascitis/neuritis. There is no record of a recent diagnostic study. Treatment to date has included psychotherapy. In progress notes dated 1/29/2015, 2/24/2015 and 2/25/2015, the injured worker complains of anxiety. The treating physician is requesting Norco, Xanax, Flexeril and a sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids page(s): 74-96.

Decision rationale: The long term use of opioids is not supported per the MTUS guidelines due to the development of habituation, tolerance and hormonal imbalance in men. The long term use of opioids is associated with adverse effects. Per ODG, "These include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction, myocardial infarction, and tooth decay due to xerostomia. Neuroendocrine problems include hypogonadism, erectile dysfunction, infertility, decreased libido, osteoporosis, and depression. Men taking opioids, especially high doses and over several months, are about 50% more likely to fill a prescription for erectile dysfunction (ED), according to a study of over 11,000 men (Deyo, 2013)". The medical records also do not establish significant subjective and objective functional gains to support the ongoing use of Norco. The medical records note that Utilization Review has allowed for modification to allow for weaning of Norco. The request for Norco 10/325mg, #60 is not medically necessary and appropriate.

Xanax XR 2mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines page(s): 23.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, 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 MTUS Chronic Pain Medical Treatment Guidelines state that the range of action of benzodiazepines includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. In this case, Diazepam is being prescribed for anxiety and muscle spasm, and per the MTUS Chronic Pain Medical Treatment Guidelines 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. The guidelines also state that tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Given that the long term use of benzodiazepines is not supported by the MTUS guidelines, the ongoing use of this medication is not supported as the medical records indicate that benzodiazepines have been prescribed for an extended period of time. Benzodiazepines should not be discontinued abruptly and should be weaned. The medical records indicate that Utilization Review has modified the requested quantity to allow for weaning. The request for Xanax XR 2mg, #90 is therefore not medically necessary and appropriate.

Flexeril 10mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine (Flexeril) page(s): 63-66, 41.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. Chronic use of muscle relaxants is not supported and as such the request for Flexeril 10mg, #90 is not medically necessary and appropriate.

Sleep Study, quantity 1: 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) Treatment in Workers Comp 20122 (web), (www.odgtreatment.com), (www.worklossdata.com).

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

Decision rationale: According to ODG, Polysomnograms/sleep studies are recommended for the combination of indications listed below: (1) excessive daytime somnolence; (2) cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) morning headache (other causes have been ruled out); (4) intellectual deterioration (sudden, without suspicion of organic dementia); (5) personality change (not secondary to medication, cerebral mass or known psychiatric problems); (6) sleep-related breathing disorder or periodic limb movement disorder is suspected; (7) insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. In this case, the medical records do not establish that the injured worker meets the criteria for undergoing a sleep study. The request for Sleep Study, quantity 1 is not medically necessary and appropriate.