

Case Number:	CM15-0091808		
Date Assigned:	05/18/2015	Date of Injury:	09/01/2004
Decision Date:	06/22/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/12/2015

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: Preventive Medicine, Occupational 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 37 year old female who sustained an industrial injury on 9/1/04 when her foot got caught in her pant leg causing her to fall on her right hip. Following the incident she felt a little sore in the hip but continued working. Four days later she began developing low back pain radiating into left buttock and back of the leg to the heel. She was initially given pain medication and x-rays and was off work for ten days. She continued with the back and leg pain and an MRI of the lumbar spine showed three bulging discs and one herniated in the low back. In 2005 she had hemilaminectomy and discectomy with temporary improvement in leg pain. Her back pain was unchanged. She currently complains of low back and left leg pain. Medications are Xanax, Norco, Kadian, Zoloft, Flexeril, Motrin, Flector. Her pain level with medications is 4/10 and without medication is 10/10. On physical exam there is increased pain with flexion and extension, decreased range of motion due to pain, positive straight leg raise bilaterally but left greater than right. Diagnoses include lumbar disc herniation; lumbar radiculitis; low back pain; dysthymic disorder; lumbar post-laminectomy syndrome; muscle pain; numbness; chronic pain syndrome; anxiety and depression. Treatments to date include medications; home exercise program; transcutaneous electrical nerve stimulator unit which allows her better sleep; physical therapy, icing. Diagnostics include MRI of the lumbar spine (3/11/14) showing disc bulge and herniation. In the progress note dated 4/22/15 the treating provider's plan of care includes prescription for Xanax for anxiety for her chronic pain; Flexeril for acute flare-ups of muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #75: Upheld

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

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

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. Xanax is being used in a chronic manner and the injured worker continues to complain of anxiety. The request for Xanax 0.5mg #75 is determined to not be medically necessary.

Flexeril 10mg #60 with 1 refill: Upheld

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

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

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. The injured worker has been taking cyclobenzaprine in a chronic nature. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 10mg #60 with 1 refill is determined to not be medically necessary.