

Case Number:	CM13-0038052		
Date Assigned:	12/18/2013	Date of Injury:	06/27/2011
Decision Date:	10/09/2015	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/24/2013

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: Connecticut, California, Virginia
 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 41 year old male who sustained a work related injury June 27, 2011. Past history included status post L4-S1 posterior lumbar interbody fusion. According to the primary treating physician's re-evaluation and progress report, dated July 1, 2013, the injured worker presented with complaints of headaches that are migraine in nature, and associated with periods of increased pain in the cervical spine. He reports the headaches cause nausea that is not alleviated with Prilosec and Naproxen is giving him an upset stomach. He reports continuing the Naproxen because it gives him temporary pain relief. Physical examination revealed; lumbar spine- residual pain and tenderness with spasm, well healed incision noted; no neurologic deficit in the lower extremities. Diagnosis is documented as status post L4-S1 posterior lumbar interbody fusion. The physician documented; "there is no need for any updated diagnostic studies, the injured worker can take the appropriate pharmacological agents for symptomatic relief." At issue, is a request for authorization, dated September 11, 2013, for retrospective Alprazolam ER 1 mg #60, date of service 8-16-2013 and retrospective Cyclobenzaprine Hydrochloride 7.5mg #120, date of service 8-16-2013. According to utilization review, dated September 19, 2013, the requests for Sumatriptan, Naproxen, Omeprazole, and Ondansetron have been certified. The requests for Cyclobenzaprine and Alprazolam are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine Hydrochloride 7.5MG, #120 DOS: 8/16/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. Cyclobenzaprine is more effective than placebo in the management of back pain, but 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. Per the MTUS, treatment should be brief. In this case, the chronic nature of treatment coupled with the lack of substantial evidence to support use of the drug due to lack of evidence for functional improvement on muscle relaxers make the quantity of medications currently requested not medically necessary and inappropriate.

Retrospective Alprazolam ER 1MG, #60 DOS: 8/16/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The MTUS does not recommend long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependency and rapid onset of medication tolerance, making the recommendation unreasonable according to utilization review; weaning is indicated. Encouragement of gradual decrease in use is critical in order to wean from dependency on this drug. Therefore, the request is not medically necessary at this time, and non-certification per utilization review decision is considered reasonable in order to facilitate weaning.