

<b>Case Number:</b>	CM13-0043248		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/14/1999
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year-old male with a 10/14/1999 industrial injury claim. He has been diagnosed with chronic pain; failed back surgery syndrome; and depression/anxiety. According to the 10/7/13 pain management report from [REDACTED], the patient presents with severe back pain that is worsening. He was reported to be on Norco, Xanax, Miralaz, Liptor, Apidra, Amlodipine Besylate; Quiapril, Cymbalta; HCTZ, Androgel. He had side effects with tapentadol, hydromorphone and morphine. On exam, he has tenderness in the lumbar region, and SI joint. Range of motion is limited, left patella reflex is decreased and right achilles reflex is absent. Decreased to light touch over right L4, and L5 distribution, and left L5 distribution. Xanax and Norco were prescribed and an epidural steroid injection was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CAUDAL EPIDURAL INJECTION WITH CATHETER.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The patient presents with lower back pain. The physician has some exam findings of radiculopathy with sensory changes at L4 and L5. MTUS Chronic Pain Guidelines

does allow for epidural steroid injections (ESI's) for radicular pain. The MTUS Chronic Pain Guidelines' criteria for ESI states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, radiculopathy is documented on physical exam, but there are no imaging studies, or electrodiagnostic studies in the medical records provided for review. Based on the available information, there is no imaging or electrodiagnostic corroboration, and therefore, the request is not in accordance with the MTUS Chronic Pain Guidelines. The request is not medically necessary and appropriate.

**XANAX 0.25MG #50:** Upheld

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

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

**Decision rationale:** Looking through the medical records provided for review, use of Xanax is documented each month through at least 7/12/13. MTUS Chronic Pain Guidelines state that benzodiazepines are not recommended for long-term use and that most guidelines limit use to 4 weeks. The records show that the patient has used Xanax over 4-weeks, and has exceeded the MTUS Chronic Pain Guidelines' recommendations. The request is not medically necessary and appropriate.