

<b>Case Number:</b>	CM13-0049521		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/10/2012
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and 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 physician 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:

The claimant sustained an injury on 3/10/12 while employed by the [REDACTED]. Requests under consideration include Pain Management Consultation with [REDACTED] for epidural injection as well as SACROILIAC JOINT (SI) injections, Xanax .5mg one (1) bid #30 and Norflex 100mg one (1) tablet bid. Report of 10/1/13 from [REDACTED] noted patient with low back, mid back, neck, right shoulder at AC region pain, anxiety, depression, headaches, and GI upset from medication use. Exam showed reflexes 2+ throughout except for  $\hat{A}^{3/4}$  at bilateral triceps, knees, and ankles; paralumbar muscle spasm; tenderness; SLR positive on left at 70 degrees reproducing pain to buttocks and thighs; mild spasm of parathoracic muscles at T3-7 and T9-11 bilaterally; and Spurling's sign with scapular pain. Request for Neurological consult Pain management consult for injections was modified for consult only and Xanax and Norflex were non-certified on 10/17/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consultation with [REDACTED] for epidural injection as well as Sacroiliac Joint (SI) injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California ACOEM Guidelines Chapter 7, Chronic Pain Medical Treatment Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, Pain, Suffering and Restoration of Function, pgs. 108-115

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend ESI and SI injection for dysfunction as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, which is not demonstrated here. There is no MRI of the lumbar spine or electrodiagnostic testing documented on report, and there is no report of acute flare-up for persistent chronic spine symptoms without report of new injury. Additionally, submitted reports have not demonstrated focal neurological deficits in motor strength or sensation that corroborate with any imaging studies to support for the lumbar epidural steroid injections or SI injection at this time. The request for Pain Management Consultation with [REDACTED] for epidural injection as well as Sacroiliac Joint (SI) injections is not medically necessary and appropriate.

**Xanax .5mg one (1) bid #30:** Upheld

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

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

**Decision rationale:** The medical records provided for review does not include any report of acute exacerbation or new injuries. Xanax Tablets (alprazolam)] is indicated for the management of anxiety disorder. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Alprazolam is an anti-anxiety medication in the benzodiazepine family which inhibits many of the activities of the brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. According to the 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 as chronic Benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. The request for Xanax .5mg one (1) bid #30 is not medically necessary and appropriate.

**Norflex 100mg one (1) tablet bid:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 128.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2012. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains not working. The request for Norflex 100mg one (1) tablet bid is not medically necessary and appropriate.