

<b>Case Number:</b>	CM13-0053152		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/15/2005
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 15, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; multiple epidural steroid injections; anxiolytic medications; and topical compounds; and electrodiagnostic testing of November 9, 2012, notable for right L5-S1 radiculopathy. In a Utilization Review Report of November 7, 2013, the claims administrator approved a functional capacity evaluation, denied a request for Xanax, denied a request for an epidural steroid injection. The applicant's attorney subsequently appealed. The applicant apparently underwent further epidural steroid injections beyond December 6, 2013, despite the unfavorable utilization review determination. On October 24, 2013, the attending provider noted that the applicant had persistent complaints of low back, neck, shoulder, and wrist pain. The applicant reports using a cane. The applicant is off of work, on total temporary disability. The applicant is also depressed. The applicant is on topical compounds, Xanax, and Prilosec. Further epidural steroid injections were apparently endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, anxiolytics such as Xanax are "not recommended as first-line therapy for stress-related conditions because they can lead to dependence and do not alter stressors or an applicant's coping mechanisms. In this case, the chronic, long-term, and/or scheduled usage of Xanax is not recommended by ACOEM. It is further noted that the applicant has failed to achieve any lasting benefit or functional improvement despite prior usage of the same. The applicant remains off of work. The applicant remains highly dependent and reliant on various medications and medical treatments. The applicant's mental health symptoms appear to be heightened despite ongoing usage of Xanax. For all of the stated reasons, the request is not certified, on Independent Medical Review.

**EPIDURAL STEROID INJECTION AT L3-L4 AND L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs)..

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

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, the primary criteria for pursuit of repeat blocks is evidence of functional improvement achieved with prior blocks. In this case, however, the applicant has failed to achieve any lasting benefit or functional improvement despite at least two prior epidural steroid injections. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on various analgesic and psychotropic medications, it is further noted, is also using a cane, etc. All of the above, taken together, imply that the two prior epidural blocks were unsuccessful. Accordingly, the request for a third block is not certified, on Independent Medical Review.