

Case Number:	CM13-0065601		
Date Assigned:	01/03/2014	Date of Injury:	01/20/2006
Decision Date:	05/16/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/13/2013

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 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 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:

The patient is a 44 year old female who was injured on 01/20/2006. The mechanism of injury is unknown. Prior treatment history has included posterior instrumented interbody fusion L4 to sacrum. She has also undergone left shoulder subacromial decompression and excision of dorsal ganglion bilateral wrist. The patient underwent a spinal cord stimulator trial in 10/19/2012. Unfortunately SCS failed to provide pain relief and in fact aggravated her pain, she states. Medications prescribed are as follows: Xanax Pravastatin Gemfibrozil Lisinopril HCTZ Ibuprofen Prilosec Miralax Fluoxetine Neurontin Menthoderm gel Norco Soma Elavil Diagnostic studies reviewed include a urine drug screen dated 11/25/2013 with positive detection of Xanax and Meprobamate. Urine drug screen dated 12/23/2013 the detection of alphahydroxyalprazolam confirms the prescription alprazolam as well as detection for hydrocodone confirming prescription medication hydrocodone. Progress note dated 10/15/2013 documented the patient was started on Cymbalta. We titrated the medication from 30 to 60 mg. A psychiatrist in the past also had her on Elavil at 40 mg which was increased by the emergency room doctor to 60 mg at nighttime. She continues to have significant symptoms of depression. My concern is that both Cymbalta and Elavil can lower the seizure threshold and this patient has had a seizure approximately two years ago by history. Fortunately, she is on high dose Neurontin, which would increase the seizure threshold. Given the history of seizures and the above medications that can affect seizure threshold, this patient has to see a psychiatrist for management of these psychotropic neuropharmacological medications. PR-2 dated 11/25/2013 documented the patient with complaints of ongoing burning tingling shooting pain in the upper and lower back, throughout her lower extremities and in the foot. The worst areas of symptoms are in the anterior thighs. She is complaining of swelling in the right leg. She continues to have significant pain in the low and mid back bilaterally, and shooting burning pain down the lower

extremities going further down in the right lower extremity than left. There is also ongoing neuropathic burning pain in the right vaginal area and also in both pelvic and anterior thighs. She has urinary incontinence and episodes of UTIs. She states she saw an urologist. The symptoms in the lower extremities were present prior to her 2 level lumbar fusion surgery, but have become worse. Her present meds are effective and necessary. They provide functional gains in substantially assisting her activities of daily living (ADLs) and restorative sleep. She continues with depression and anxiety related to her ongoing pain, disability and uncertainty about the future. Objective findings on exam reveal examination of the lumbar spine there is no induration, ecchymosis or swelling and normal alignment. Bony palpation of the lumbar spine reveals tenderness of the transverse process on the right at L5. Bony palpation of the right hip reveals tenderness of the SI joint and the greater trochanter. Bony palpation of the left hip reveals no tenderness of the greater trochanter. There is no tenderness on palpation of the right gluteus maximus or the gluteus medius and tenderness of the paraspinal region at L4 and iliolumbar region. There is tenderness to palpation at the L4 paraspinal region. Active range of motion was painful and restricted. Ankle reflex was normal bilaterally. Seated straight leg raise is negative. L5 motor strength on the right ankle dorsiflexion tibialis anterior 4/5 and great toe extension extensor hallucis longus 4/5. On neurological exam Sensation to the right and left L4-L5 was normal. Diagnosis: 1. Postlaminectomy syndrome, lumbar region 2. Thoracic or lumbosacral neuritis or radiculitis 3. Sacroiliitis PR-2 dated 01/16/2014 documented the patient stating she is sleeping better on new meds. Waiting for hernia surgery. Pain feels "like a truck hit me". Anxious but no recent panic attacks. Objective findings reveal a mood improved. Diagnosis: Major Depression. Treatment Plan: Psychotherapy to reduce depression and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX FOR SLEEP: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Benzodiazepines..

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

Decision rationale: As per CA MTUS guidelines, Xanax (Alprazolam) is a benzodiazepine that is "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." In this case, this patient has been on this medication chronically. However, this is a very difficult patient to manage and her providers have documentation that this medication is therapeutic. Therefore, it is my opinion that this is medically necessary and an appropriate deviation from the guidelines.