

<b>Case Number:</b>	CM13-0068695		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/10/1994
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Expedited	<b>Application Received:</b>	12/19/2013

### 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 Internal 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:

This patient is a 65 year old male, date of injury 02-07-2006. Primary diagnosis is lumbar back condition s/p lumbar spine surgery. Progress report dated 10-22-13 by [REDACTED]. Chief complaint: chronic low back pain, s/p lumbosacral fusion. Subjective: low back pain, pain shooting into low back and legs. Physical examination: lumbar spasm, painful range of motion, limited range of motion, positive straight leg raise, motor weakness bilaterally 3-4/5, and decreased sensation at L5-S1. Diagnosis: s/p lumbosacral fusion, lumbar discogenic disease, chronic low back pain. Treatment plan: Norco, Soma, OxyContin, Xanax, home exercise, update MRI of lumbar spine due to increased pain. Progress report dated 03-12-13 by [REDACTED]. Subjective: low back pain. Physical examination: lumbar tenderness and spasm, painful range of motion, limited range of motion. Diagnosis: s/p lumbosacral fusion, chronic low back pain. Treatment plan: Norco, OxyContin. Urine toxicology 01-17-13 reported - benzodiazepines were not detected. Progress report dated 01-08-13 by [REDACTED]. Subjective: low back pain tolerable with Norco and OxyContin. Physical examination: lumbar tenderness and spasm, painful range of motion, restricted range of motion. Diagnosis: s/p lumbosacral fusion, chronic low back pain. Treatment plan: Norco, OxyContin, Terocin cream. MRI Lumbar spine 08-25-12 reported surgically fused L4-5 and L5-S1 levels, decompression laminectomies at L3-4 and L5-S1, fixation with rods and screws L4 through S1, interbody spacer device at L3-4 and L4-5, disc protrusions 3.1mm-3.5mm at L2-3 and 4.4mm-4.7mm at L3-4. Utilization review dated 12-16-13 by [REDACTED] recommended Non-Certification of the requests for MRI Lumbar spine and Xanax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax, #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS-Benzodiazepines (Xanax)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines Pain (Chronic) states

**Decision rationale:** MTUS guidelines states that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. ODG guidelines states Alprazolam (Xanax) is not recommended for long-term use. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Patient was not prescribed Xanax 01-08-13 and 03-12-13. Urine toxicology 01-17-13 reported that benzodiazepines were not detected. There is no evidence of benzodiazepine dependence. Progress reports do not document a diagnosis of anxiety disorder or depression. Progress reports have no documentation of patient complaints of anxiety or physical exam findings supporting an anxiety diagnosis. Patient was prescribed Norco and OxyContin, which are potent opioids that are potentially dangerous when taken in combination with Xanax. The available medical records do not support the medical necessity of Xanax. Therefore, the request for Xanax (Alprazolam) is not medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** MTUS and ACOEM guidelines stated: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option... An imaging study may be appropriate for a patient whose limitations due to consistent symptoms have persisted for one month or more to further evaluate the possibility of potentially serious pathology, such as a tumor. ODG guidelines stated: Clinical indications for MRI included: Findings that suggest lumbar nerve root compromise (radiculopathy from herniated disc and/or spinal stenosis) or a severe or progressive neurologic deficit has occurred. MRI's are test of choice for patients with prior back surgery. Repeat MRI should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., neurocompression, recurrent disc herniation). MRI Lumbar spine 08-25-12 reported hardware prior spine surgery and disc protrusions. Progress report dated 10-22-13 by [REDACTED] MD documented low back pain, radiating into the legs. Physical examination demonstrated lumbar spasm and pain, limited range of motion, positive straight leg raise, motor weakness bilaterally 3-4/5, and decreased sensation at L5-S1. These findings represent a significant change

and are evidence of neurologic compromise, in a patient with prior back surgery. The medical records support the medical necessity of MRI of Lumbar spine. Therefore, the request for MRI of Lumbar spine is Medically Necessary.