

<b>Case Number:</b>	CM14-0007621		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	04/11/2011
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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, has a subspecialty in Pain Management 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 55-year-old female with a 4/11/11 date of injury. A 4/9/14 progress report describes that the patient is status post epidural steroid injection on 3/11/14 with 50% relief in low back pain and 50% relief in the legs. Medication use has decreased approximately 50% of pain and functionality has increased 50%. Prior to the epidural, sitting tolerance was approximately 10 minutes and is now 20 minutes. Walking tolerance has also increased. A 1/23/14 progress report described physical therapy for the low back. Apparently, there is a need for a total knee replacement on a non-industrial basis. The patient was advised to continue home exercises and independent weight loss by increasing fiber consumption and more fruits/vegetables. Medications dispensed included hydrocodone 5/325 mg b.i.d. and Xanax 1 mg p.o. daily. Visco supplementation was requested for the knee. A 11/20/13 progress report describes low back pain with an MRI showing 3-mm disk bulge and severe stenosis. Epidural injection was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ALPRAZOLAM ER 1 MG, #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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** Specifically regarding alprazolam, the MTUS guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk for dependence. Their range of action includes sedatives, hypnotics, anxiolytic, anticonvulsants, and muscle relaxant. The records describe diagnoses of psychiatric complaints. This has not been further delineated. There is no specific description of anxiety or efficacy. It has not been established in this case that there is an appropriate indication. Or more, ODG states that if alprazolam is combined with other drugs that depress the central nervous system such as opiates, the effects of these drugs on the body can be dangerously enhanced. The request is not medically necessary.

**VICODIN 5/500 MG #60 X 1 REFILL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

**Decision rationale:** Regarding narcotics, the MTUS guidelines specify necessity of an ongoing review of functional status, ongoing domains of opiate management including subjective analgesia, functional gains, and appropriate monitoring. It is noted that the patient has lumbar radiculopathy and has improved with lumbar epidural injections, however, the documentation does not describe efficacy of the narcotics in terms of VAS score. There is no evidence of functional gain or appropriate monitoring. There is no appropriate opiate agreement. The request is not medically necessary.

**FOLLOW UP VISIT:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office Visits.

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

**Decision rationale:** It is noted that the patient has a 2011 date of injury and recently received an epidural injection with positive results. There was 60% benefit for 8 weeks from the first injection and 50% from the second injection. The MTUS guidelines do state that physician follow-up can occur when the patient is released to modified, increased, or full duty. There is a need for health practitioner care to answer questions to make the patient fully involved in his or her recovery. It is also noted that the patient is on narcotics with evidence of severe stenosis at

L4-5 on the imaging studies. In this case, the follow-up visit is medically necessary to continue the therapeutic modalities and establish a future treatment plan.