

<b>Case Number:</b>	CM14-0062825		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/02/2011
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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 injured patient sustained a low back injury on June 2, 2011 whereby she was struck on the left side of the lower back and sacrum by a door handle. She subsequently developed low back pain radiating at times into the legs. Lumbar x-rays on April 30, 2012 were normal. An MRI of the lumbar spine on February 4, 2013 revealed a minimal annular disk bolts at L4 - L5 with annular fissure creating minimal canal compromise, and mild bilateral facet arthrosis at L5 - S1. The injured patient had been treated with conservative modalities including chiropractic care. She has been taking anti-inflammatories and opiate pain relievers nearly continuously since her injury. She had been taking muscle relaxants specifically Methocarbamol intermittently as well on November 20, 2012 the injured patient had a nerve block of the L5 nerve root, sacral ala and the S1 nerve root with mild improvement. On December 19, 2013 the injured patient underwent a radiofrequency rhizotomy at the same levels with a 75% improvement in pain. The injured patient was placed on administrative leave and therefore has been off work since June 19, 2014. On July 30, 2014 the injured patient stated that because of her increased stress, she is had increased pain and generally her pain level was a 6-8/10 with medications and upwards of 9-10/10 without medication. She was complaining of low back pain radiating to both legs at that visit. She continued to demonstrate generalized tenderness of the lumbar and sacral regions with diminished range of motion with regard to flexion and extension of the back. At that office visit, she was prescribed a one-month supply of Norco, Xanax, Celebrex, and Lidoderm. It should be noted that a request was made for four visits of psychotherapy to address the injured patient's stress and depression. She was previously certified for two visits of psychotherapy but the records do not reflect that this ever occurred. The injured patient's diagnoses include, left hip pain, possible discogenic pain, left lumbar radiculopathy, L5--S1 facet hypertrophy, post traumatic stress disorder, and pain induced anxiety.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg qty 480:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids, Page(s): 79-80.

**Decision rationale:** Per the above cited guidelines, continued opioid use with regard to chronic mechanical pain is indicated if the patient has returned to work and/or if the patient has improving functioning and pain. The guidelines also state that opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Between the office visits of May 30, 2014 and the office visit of July 30, 2014 the patient's pain level actually increased from a range of 5-10/10 to a 9-10/10, she was taken off of work, and her physical exam remained unchanged. Additionally, the note from July 30, 2014 calls for a follow-up appointment in one month. The quantity of Norco requested is for that of four months. For these reasons, the request for Norco, quantity 480, is considered not medically necessary.

**Alprazolam (Xanax) 0.5 mg qty 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Xanax Page(s): 24.

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

**Decision rationale:** Benzodiazepines such as Xanax are not recommended for long-term use because of the risk of dependence and unproven efficacy. Most guidelines limit use to four weeks. Chronic benzodiazepines are the treatment of choice for very few conditions. A more appropriate treatment for anxiety disorders is an antidepressant. The injured patient had been treated with Xanax twice daily for a period of time exceeding four weeks. There are no medical records provided from mental health professionals to indicate that the continuation of benzodiazepines beyond a four-week period is appropriate. Additionally, the quantity of Xanax requested is for four months. There is no rationale to support the request for four months of medication given that the patient was scheduled to follow-up in one month. For the reasons above, the request for Alprazolam (Xanax) 0.5 mg qty 240 is considered not medically necessary.

**Methocarbamol 750 mg qty 360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants section, Page(s): 63.

**Decision rationale:** Per the above mentioned guideline, non-sedating muscle relaxants may be used with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most low back pain cases, muscle relaxants show no benefit beyond anti-inflammatories with regard to pain and overall improvement. The quantity of Methocarbamol requested is for that of four months duration, a period of time which exceeds that generally considered short-term. Additionally, the injured patient was asked to follow up in one month and therefore there appears to be no rationale for the request of Methocarbamol for four months. Therefore, the request for Methocarbamol 750 mg, quantity 360, is considered not medically necessary.

**Psychotherapy and Eval with psychologist qty 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and Stress Section, Post Traumatic Stress Disorder, Depression, and Stress sections.

**Decision rationale:** A review of the progress notes show that the injured worker had general symptoms of stress, anxiety, and sleep issues. Although the diagnosis of "depression" and "posttraumatic stress disorder" do appear in the progress notes, the documentation provided fails to support those diagnoses. Specifically, the diagnosis of depression requires a depressed mood and or a loss of interest or pleasure in nearly all activities and four of the following: changes in appetite or weight, sleep disturbance, psychomotor agitation or retardation, decreased energy, feelings of worthlessness or guilt, difficulty thinking/concentrating/making decisions, recurrent thoughts of death or suicide ideation. Post-traumatic stress disorder requires that the person witnessed death, a threat of death, or physical danger, the person responded to that experience with intense fear helplessness or horror, and the person's symptoms which involve re-experiencing the threat. Additionally, the person demonstrates avoidance of things that remind them of the trauma, the person experiences a numbing of general responsiveness, increased arousal, has clinically significant distress, and that the symptoms last for a month after the initial trauma. This injured worker's symptoms are best categorized as occupational stress. Cognitive therapy for stress management has the potential to prevent depression and improve psychological and physiological symptoms. An initial trial may be warranted, with continuation only one results are positive. More generally, psychological evaluation is a well-accepted and well-established diagnostic procedure for those with chronic pain issues. Again, psychosocial evaluations should determine if further psychosocial interventions are indicated. This implies an initial evaluation followed by intervention if necessary. Therefore, the request for four sessions of psychotherapy and evaluation is not medically necessary.