

<b>Case Number:</b>	CM15-0107332		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	12/28/2011
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 worker is a 44 year old female, who sustained an industrial injury on 12/28/2011, as a result of cumulative trauma. She reported a cardiac event while on the job. Multiple dates of injury and claims were noted. The injured worker was diagnosed as having cervical disc disease, cervical radiculopathy, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and anxiety and depression. Treatment to date has included diagnostics, left S1 selective nerve root blocks on 12/24/2014 and 1/24/2015, physiotherapy, chiropractic, and medications. Currently, the injured worker complains of pain in her lumbar spine, rated 8/10 with medication, and right shoulder pain, rated 9/10 with medication, as well as cervical spine and right arm pain. She reported pain as increased since her last visit. She reported that medications helped a little and requested refills. The use of Soma, Norco, and Xanax was noted since at least 8/2012. Urine toxicology reports (12/18/2014, 2/19/2015, 3/19/2015, 4/16/2015) were inconsistent with prescribed medications. A review of symptoms noted that she denied having depression, anxiety, suicidal attempts, or difficulty sleeping. Physical exam noted cervical range of motion and decreased sensation along the left C5 dermatome. Exam of the lumbar spine noted diffuse tenderness and guarding to palpation over the lumbar paraspinal muscles. There was also tenderness to palpation over the left piriformis and ileitis and moderate facet tenderness along L5 through S1 levels. Sacroiliac tests were positive bilaterally, except Yeoman's test was positive only on the left. Kemp's and Farfan tests were positive bilaterally. The treatment plan included bilateral L3 through L5 medial branch block injection, which innervates the bilateral L4 through

S1 facet joints. Medication refills were requested, along with additional urine drug testing. Previous inconsistencies were documented without medication changes to this point.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Xanax 0.5mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

**Decision rationale:** Guidelines state that benzodiazepines are not recommended for long-term use and use is limited to 2-3 weeks. In this case, there is no documentation of a medical indication for use of Xanax nor is there documentation of derived symptomatic or functional improvement from previous use. The request for Xanax 0.5 mg #60 is not medically appropriate and necessary.

**Soma 350mg quantity 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63, 64.

**Decision rationale:** Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no documentation contraindicating use of NSAIDs. The request for Soma 350 mg #90 is not medically appropriate and necessary.

**Urine Toxicology Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug screening.

**Decision rationale:** Guidelines state that urine drug screens may be used to avoid misuse of opioids especially for patients at high risk of abuse and are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. In this case, the records did indicate use of an opioid medication that would necessitate drug screening. However, a urine toxicology screen was

approved on April 28, 2015. The request for an additional urine drug test is not medically necessary and appropriate at this time.

**Medial Branch Block Injection-innervates bilateral L4-S1 facet joints:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

**Decision rationale:** Guidelines recommend medial branch blocks for unresolved axial, non-radicular back pain with positive facet exam findings and failed conservative treatment with potential anticipated surgical intervention. In this case, documentation provided does not describe these conditions that would support use of medial branch blocks. The request for medial branch block injection L4-S1 facet joints is not medically appropriate and necessary.

**Norco 10/325mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Guidelines support short-term use of opiates for moderate to severe pain after first line medications have failed. Long-term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking Norco without evidence of significant benefit in pain or function to support long-term use. The request for Norco 10/325 mg #120 is not medically appropriate and necessary.