MAXIMUS Federal Services

Case Number:	CM15-0132041		
Date Assigned:	07/20/2015	Date of Injury:	09/17/2010
Decision Date:	08/21/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/08/2015

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
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 58-year-old male with a reported date of injury of 09/17/2010. The mechanism of injury was not indicated in the medical records. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include right C6-C7 radiculopathy, right S1 radiculopathy, chronic myofascial pain syndrome of the cervical and thoracolumbar spine, status post surgical release of right carpal tunnel syndrome and right ulnar nerve, status post surgery to the right elbow, bilateral carpal tunnel syndrome, and bilateral ulnar nerve entrapment at both elbows. Treatments and evaluation to date have included trigger point injections, oral medications, cervical epidural steroid injection, lumbar epidural injection, and acupuncture. Diagnostic studies include an electrodiagnostic study of the lower extremities on 01/24/2011 which showed right S1 radiculopathy; an electrodiagnostic study of the upper extremities which showed right C6-7 radiculopathy; an MRI of the thoracic spine on 10/04/2013 which showed hypertrophic changes of the anterior T10-T12 vertebral bodies; an MRI of the lumbar spine on 08/27/2013 which showed degenerative changes at L4-5, a right paracentral disc extrusion indenting the anterior thecal sac with lateral recess and foraminal narrowing, posterior disc protrusion at L5-S1, lateral recess stenosis and ligamentum flavum thickening which was exaggerated throughout the lumbar spine, and bony facet hypertrophy most significant at L4-5; and an MRI of the cervical spine which showed abnormalities. The progress report dated 06/25/2015 indicates that the injured worker returned for further evaluation. He reported having constant intractable upper and lower back pain and a worsening of the pain and numbness in his bilateral lower extremities. The injured worker also reported worsening of his right ankle pain.

He stated that his pain has been rated 10 out of 10 without medications. With his current medications, the injured worker reported getting greater than 60-70% improvement in both his overall pain and ability to function. His medications helped to decrease the pain to a rating of 2 out of 10, and they allowed him to perform activities of daily living with greater ease. It was noted that the injured worker had been feeling moderately depressed and had noticed severe problems sleeping due to the increase in his pain and discomfort. The injured worker also experienced anxiety. The objective findings include slightly restricted range of motion of the thoracic spine in all planes; moderately restricted range of motion of the lumbar spine in all planes; multiple myofascial trigger points and taut bands throughout the cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus, thoracic, and lumbar paraspinal musculature, as well as the gluteal musculature; slightly decreased range of motion of the right wrist and right elbow in all directions; moderately decreased range of motion of the right knee in all directions; decreased sensation to fine touch and pinprick in the dorsum of the right foot and the bilateral calves; inability to perform heel-toe gait; and absent ankle jerks bilaterally. The injured worker's disability status was referred to the qualified medical examination. Per urine drug screen dated 05/05/2014, 07/28/2014, 10/20/2014, 01/12/2015, 02/23/2015, and 05/11/2015, there was no detection of alprazolam (Xanax). The treating physician requested Xanax ER (extended-release) 0.5mg #60 and gym membership for three months. The Xanax was prescribed for panic/anxiety attacks, and the gym membership was recommended to maintain current gains, promote healthy lifestyle, and to increase a sense of well-being.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax ER 0.5mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66.

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, Alprazolam (Xanax) and Mental Chapter, Benzodiazepine.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that benzodiazepines are not recommended for long-term use because long-term effectiveness is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. The injured worker has been prescribed Xanax since at least 07/24/2014. The MTUS states that a more appropriate treatment for anxiety disorder is an antidepressant. The MTUS does not recommend benzodiazepines for long term use for any condition. The non-MTUS Official Disability Guidelines (ODG) recommend against prescribing benzodiazepines with opioids and other sedatives. The ODG indicates that "if alprazolam is combined with other drugs that depress the central nervous system, such as opioids, the effects of these drugs on the body can be dangerously enhanced." The injured worker has been prescribed and taking Tramadol and Norco, which are both opioids. The request does not meet guideline recommendations. Therefore, the request for Xanax is not medically necessary.

Gym membership (months) Qty: 3.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Exercise Page(s): 9, 99, 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Knee chapter, Gym memberships.

Decision rationale: The CA MTUS chronic pain guidelines recommends progression to home exercise after supervised active therapy. Home exercise is recommended, not a gym. The treating physician has provided no formal exercise program, no discussion of specific activities which require attendance at the gym, and no plan for monitoring of gym activities. There are no medical reports which provide a satisfactory explanation why a gym membership is necessary rather than exercise performed elsewhere. There are no necessary exercises for the ankle which can only be performed in the gym. Medical necessity, if any, is based on the requirement that this patient must have access to specific exercise modalities only available in the gym. The MTUS for chronic pain does not provide direction for using a gym, although it does state that no specific exercise is better than any other for chronic pain. The Official Disability Guidelines, cited above, states that gym memberships are "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals." None of these criteria have been met in this case. The gym membership is therefore not medically necessary.