

<b>Case Number:</b>	CM15-0149211		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	06/28/2010
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 69-year-old female who sustained an industrial injury on June 28, 2010 resulting in low back pain. She has been diagnosed with lumbosacral disc degeneration; post-laminectomy instability, L5-S1; recurrent spinal stenosis and disc herniation, L5-S1; and, recurrent spinal stenosis, L4-L5. Documented treatment has included physical therapy, which was noted to be too painful to tolerate; multiple spinal fusions and revisions at L3-4, L4-5 and L5-S1; discectomy; epidural injections with difficulties due to scar tissue; Toradol injection; and, medication. The injured worker continues to report low back pain radiating into both of her hips and down her right leg to the ankle, as well as muscle spasms, numbness, tingling, and cramping in the right leg; and, difficulties with performing activities of daily living and sleeping due to low back pain. The treating physician's plan of care includes Tramadol 50 mg, and Xanax 0.5 mg. She is presently deemed totally temporarily disabled and not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Opioids Page(s): 78, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, page 76-80 (2) Opioids, dosing, page 86.

**Decision rationale:** The claimant sustained a work-related injury in June 2010 and is being treated for radiating low back pain. When seen, she had been weaned from Norco to Tramadol. Symptoms were improving. She was performing a home exercise program. There was lumbar tenderness with muscle spasms. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication or the previously prescribed Norco has provided decreased pain, an increased level of function, or improved quality of life. Continued prescribing is not medically necessary.

**Xanax 0.5 mg Qty 90:** Upheld

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

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

**Decision rationale:** The claimant sustained a work-related injury in June 2010 and is being treated for radiating low back pain. When seen, she had been weaned from Norco to Tramadol. Symptoms were improving. She was performing a home exercise program. There was lumbar tenderness with muscle spasms. Xanax appears to have been prescribed due to anxiety during medication weaning. Xanax (alprazolam) is a benzodiazepine, which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to muscle relaxant effects occurs within weeks and long-term use may increase anxiety. In this case, it has been prescribed for a least several months and the claimant has completed weaning from Norco. Continued prescribing is not medically necessary.