

Case Number:	CM15-0188802		
Date Assigned:	09/30/2015	Date of Injury:	04/01/2003
Decision Date:	11/12/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/25/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old female, who sustained an industrial-work injury on 4-2-03. She reported initial complaints of neck and wrist pain. The injured worker was diagnosed as having bilateral wrist tendinitis and cervical spine multilevel disc bulges. Treatment to date has included medication, home exercises, and brace. Currently, the injured worker complains of exacerbation of the cervical spine pain two weeks prior and left sided neck pain with stiffness during exercise. Headaches were radiating to the back of the head with numbness and tingling in both hands as well as into the upper extremities. Pain level is at 8 out of 10. ADL's (activities of daily living) were reduced to 10% of normal. Medication showed improvement by 40%. Per the primary physician's progress report (PR-2) on 8-7-15, exam noted cervical spine extension of 30%, tenderness and spasm palpable over the paravertebral and trapezial musculature, no tenderness to palpation of the bilateral wrists, effusion present, flexion and extension to 65 degrees, normal upper extremity motor and reflexes normal, decreased sensation to all fingers of both hands to a mild degree, and negative Tinel's, Phalen's, and Finkelstein tests. Current plan of care includes medication and physical therapy. The Request for Authorization requested service to include Alprazolam 1mg #60 and Physical Therapy, sixteen sessions. The Utilization Review on 8-24-15 modified the request for Alprazolam 1mg #38 and Physical Therapy, six sessions, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009 and Official Disability Guidelines (ODG) Pain (Chronic): Anxiety medication in chronic pain 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Anxiety medication in chronic pain 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The patient presents on 08/07/15 with cervical spine pain which radiates into the back of the head rated 8/10. The patient's date of injury is 04/02/03. The request is for ALPRAZOLAM 1MG #60. The RFA is dated 08/07/15. Physical examination dated 08/07/15 reveals tenderness to palpation and spasm in the cervical and trapezius musculature, effusion in the bilateral wrists, and decreased sensation in the bilateral fingers/hands. The patient is currently prescribed Tylenol 4, Soma, and Alprazolam. Patient is currently classified as permanent and stationary, is not working. MTUS Guidelines, Benzodiazepines section, page 24 states: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly." In regard to the request for a continuing prescription of Alprazolam for this patient's anxiety, the duration of therapy exceeds guidelines. While this patient presents with significant chronic pain and anxiety, the requested 60 tablet prescription with two refills does not imply short duration therapy. Furthermore, records indicate that this patient has been receiving Xanax for anxiety since at least 06/21/13. Such a long course of treatment with Benzodiazepines carries a risk of dependence and loss of efficacy, is not supported by guidelines. Therefore, the request IS NOT medically necessary.

Physical Therapy, sixteen sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents on 08/07/15 with cervical spine pain which radiates into the back of the head rated 8/10. The patient's date of injury is 04/02/03. The request is for PHYSICAL THERAPY, SIXTEEN SESSIONS. The RFA is dated 08/07/15. Physical examination dated 08/07/15 reveals tenderness to palpation and spasm in the cervical and trapezius musculature, effusion in the bilateral wrists, and decreased sensation in the bilateral fingers/hands. The patient is currently prescribed Tylenol 4, Soma, and Alprazolam. Patient is currently classified as permanent and stationary, is not working. MTUS Guidelines, Physical

Medicine Section, pages 98, 99 has the following: "recommended as indicated below. Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the 16 physical therapy sessions for this patient's cervical spine, the provider has exceeded guideline recommendations. There is no evidence of recent physical therapy sessions directed at this complaint. Per progress note dated 08/07/15, the provider is requesting PT following a recent exacerbation in this patient's cervical pain caused by an acute injury during a Yoga session. For complaints of this nature, MTUS guidelines support 8-10 physical therapy treatments, the request for 16 treatments exceeds these recommendations and cannot be substantiated. Therefore, the request IS NOT medically necessary.