

<b>Case Number:</b>	CM15-0203179		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	08/19/2003
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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, Hawaii

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 52-year-old male who sustained an industrial injury on 8-19-03. A review of the medical records indicates he is undergoing treatment for chronic pain syndrome, anxiety state, brachial plexus injury, pain in limb - status post right leg fracture, cervicalgia - status post fusion, left shoulder region disease, myalgia and myositis, reflux esophagitis from Celebrex, thoracic disc displacement T4-5, T5-6, and T8-9, spinal stenosis at L5-S1, and lumbosacral neuritis. Medical records (4-22-15, 7-8-15, and 9-11-15) indicate ongoing complaints of low back pain, rating "5-6 out of 10." The 7-8-15 record indicates that the pain radiates to his left leg. The 9-11-15 record indicates that the pain radiates to his right leg. The physical exam (9-11-15) reveals a "mild" antalgic gait with use of a cane. The cervical spine is noted to have diminished range of motion due to pain. "Mild to moderate" tenderness of the lumbar spine and paraspinals is noted. "Moderate point" tenderness of the right sacroiliac areas is reproducing his pain. Motor strength of the left upper extremity is diminished. "Mild" decrease in "proximal" strength is noted in the lower extremities. Sensations are "intact" except the upper left back. Positive Gaenslen's test on the right and straight leg raise test are noted. Diagnostic studies have included an MRI of the cervical spine, left shoulder, thoracic spine, and lumbosacral spine. Treatment has included at least 7 sessions of physical therapy (PT notes 1-7-15 - 1-30-15), a right sacroiliac ligament injection, and medications. His medications include Percocet, Xanax, Gabapentin, Celebrex, Nexium, Bupivacaine, Lantus insulin, Levothyroxine, Metformin, Novolog insulin, Oxybutynin, and Trimethoprim. He has been receiving Xanax since, at least, 9-17-12. Treatment recommendations include the continuation of his medications and physical therapy 2 x per week for 4-6 weeks. He is not working. The utilization review (9-28-15) includes requests for authorization of Xanax 5mg #30 and 12 sessions of physical therapy. The request for Xanax was denied. The physical therapy request was modified to a total of 2 sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Xanax 5mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Anxiety medications in chronic pain.

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

**Decision rationale:** The patient presents with pain affecting the low back with radiation down the left leg. The current request is for Xanax 5mg #30. The treating physician report dated 9/11/15 (221B) notes that the patient was prescribed Xanax .5mg. MTUS page 24 states that Benzodiazepines are 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. The medical reports provided show the patient has been taking Xanax since at least 9/11/15 (221B). In this case, the current request for Xanax is outside the 4 weeks recommended by the MTUS guidelines. The current request is not medically necessary.

### **12 sessions of physical therapy: Upheld**

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

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

**Decision rationale:** The patient presents with pain affecting the low back with radiation down the left leg. The current request is for 12 sessions of physical therapy. The UR report dated 9/28/15 (229B) states, "He previously underwent at least 7 visits of physical therapy in January 2015." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 7 sessions of physical therapy for the low back previously. The patient's most recent surgery was performed in 2011 and he is no longer within the post-surgical treatment period established by the MTUS-PSTG. In this case, the patient has received at least 7 sessions of physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.