

<b>Case Number:</b>	CM15-0215799		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	05/08/2000
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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, Tennessee  
 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 73 year old female who sustained an industrial injury on 05-08-2000. A review of the medical records indicated that the injured worker is undergoing treatment for cervical intervertebral disc degeneration, cervical spondylosis without myelopathy, lumbago, lumbar facet arthropathy and torticollis. According to the treating physician's progress report on 10-05-2015 and 10-25-2015, the injured worker continues to experience neck, lower back and left lower extremity pain rated as 10 out of 10 without medications and 0 out of 10 with medications. Her current office visit pain was noted as 6 out of 10 on the pain scale. The injured worker reported no side effects from medications. Examination of the cervical spine demonstrated moderate to severely decreased active range of motion in all directions with head tilted anteriorly to the left. There was tenderness to palpation over C4-C5, bilateral levator scapulae, bilateral upper trapezius, left semispinalis, left rhomboid major and minor, left splenius cervicis and right sternocleidomastoid. Palpable bands of taut muscles with positive twitch response and referred pain at C5-7 on the left was noted. Spurling's and Hoffman's were negative. The thoracic spine was tender to palpation in the upper paraspinal muscles. The lumbar spine examination demonstrated tenderness to palpation of the paravertebral muscles midline at L3-S1 with bilateral spasm and impaired range of motion in all ranges. Negative sitting and straight leg raise bilaterally was documented. Motor strength was decreased in the bilateral upper and lower extremities. Sensation to pinprick was decreased at the left C5, L4 and L5 distribution. Deep tendon reflexes in the upper and lower extremities were decreased but equal. Pulses were

within normal. Prior treatments have included diagnostic testing, physical therapy, lumbar medial branch block in 01-2014 (100% relief for 1 week), lumbar Botox injections in 12- 2014 and 04-28-2015 (100% improvement with decreased medications needs), recent ER visit on 09-23-2015 for severe pain treated with Norco, home exercise program and medications. Current medications were listed as Norco, Tramadol, Baclofen (since approximately 03-2015), Xanax (since approximately 03-2015) and Flector patches. Treatment plan consists of starting a Medrol dose pak, continuing home exercise program and the current request for Xanax 0.25mg tabs one to two orally at bedtime #30 with 2 refills and Baclofen 10mg tabs 1 orally 3 times a day as needed #90 with 2 refills. On 10-19-2015 the Utilization Review determined the request for Xanax 0.25mg tabs one to two orally at bedtime #30 with 2 refills and Baclofen 10mg tabs 1 orally 3 times a day as needed #90 with 2 refills was not medically necessary.

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

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

**Xanax 0.25mg tabs one to two PO Qhs #30 with 2 refills: Upheld**

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

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

**Decision rationale:** Xanax is the benzodiazepine alprazolam. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. In this case, the patient has been taking Xanax since at least April 2015. Long-term use is not recommended and it is not medically necessary.

**Baclofen 10mg tabs 1 PO TID PRN for #90 tablet x2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Baclofen is a muscle relaxant, recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. Side effects include sedation, dizziness, weakness, hypotension, nausea, respiratory depression, and constipation. In this case, the patient does not have multiple sclerosis or spinal cord injury. There is no documentation of muscle spasm. Medical necessity is not supported by the documentation in the medical record. The request should not be authorized.