

<b>Case Number:</b>	CM15-0089223		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	06/28/2009
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 71 year old female, who sustained an industrial injury on 06/28/2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar four to sacral one facet arthropathy, worsening lumbar radiculopathy at lumbar five, lumbar five to sacral one stenosis, cervical radiculopathy, bilateral borderline carpal tunnel syndrome, and cervical strain. Treatment and diagnostic studies to date has included use of a four prong cane, medication regimen, laboratory studies, and magnetic resonance imaging of the lumbar spine. In a progress note dated 03/27/2015 the treating physician reports complaints of neck pain that radiates to the mid scapular region that is rated an 8 out of 10 on a visual analog scale with medication regimen and a pain level of a 10 out of 10 on a visual analog scale without medication regimen. The treating physician also notes complaints of low back pain the is rated an 8 to 9 out of 10 on a visual analog scale with medication regimen and a 10 out of 10 on a visual analog scale without medication regimen. The documentation did not indicate if the injured worker experienced any functional improvement with use of this medication regimen. Examination revealed tenderness and spasms on palpation to the cervical paravertebral muscles and the interscapular space. The examination also revealed an antalgic gait. The treating physician requested the medications of Methylprednisolone dose 4mg to assist with decreasing the pain and inflammation and Alprazolam (Xanax) 0.5mg as a refill but did not indicate the specific reason for this requested medication.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Methylprednisolone dose 4mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Oral/parenteral corticosteroids.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** The ACOEM Chapter 8 on Neck indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the use of methylprednisone. There is no indication in the MTUS or rationale provided in the available documentation to support the use of this medication. Therefore at this time the requirements for treatment have not been met, and therefore the request is not medically necessary.

### **Alprazolam 0.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

**Decision rationale:** According to the MTUS, 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. 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) According to the records, the injured worker has been taking his medication chronically. Therefore, at this time, the requirements for treatment have not been met and therefore the request is not medically necessary.