

<b>Case Number:</b>	CM13-0058841		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/20/1997
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 50-year-old male with a date of injury on 11/20/1997. Medical records provided did not indicate the injured worker's mechanism of injury. Documentation from 09/30/2013 indicated the diagnoses of failed low back surgery syndrome, status post spinal fusion at the lumbar four and sacral one level, external sphincter bladder dyssynergia, cervical sprain/strain, chronic high dose opiate use, and bilateral sacroiliitis. Subjective findings from 09/30/2013 were remarkable for continued cervical and lumbar spine complaints with lower bilateral extremity numbness and tingling, and difficulty emptying the bladder secondary to a bladder injury. The injured worker rated the pain a seven to eight on a scale of one to ten with worsening of the lower back pain. Physical examination performed on this date was remarkable for antalgic gait with abnormal heel/toe walk, tenderness to palpation of the cervical spine and lumbar spine, decreased range of motion in all planes to the lumbar and cervical spine, a four out of five strength to the bilateral upper and lower extremities on motor exam, decreased left cervical five, cervical six, and cervical eight dermatomes on sensory exam, a positive facet loading challenge to the lumbar spine, pain with extension of the lumbar spine, tenderness to palpation to the bilateral sacro-iliac joints, a positive FABER test bilaterally, positive compression and distraction bilaterally, positive Gaenslen's bilaterally, and a positive Forman's test bilaterally. The documentation from 09/30/2014 also reviews previous studies performed. Computed tomography myelogram of the lumbar spine from 04/19/2012 was revealing for post-operative changes at lumbar four to five and lumbar five to sacral one, graft on lumbar three to lumbar four level noted to be fragmented indicating a possible partial fusion, mild to moderate degenerative changes on lumbar three to lumbar four, lumbar five to sacral one, and lumbar one to lumbar two. Electromyography from 01/18/2012 of the bilateral upper extremities was remarkable for mild sub-acute and chronic denervation in the bilateral cervical

five to cervical seven innervated myotomes. Electromyography from 11/30/2011 of the bilateral lower extremities was revealing for moderate to severe chronic denervation in the bilateral lumbar two to sacral one innervated myotomes. Magnetic resonance imaging results of the cervical spine on 12/15/2011 was remarkable for multiple level cervical spondylosis and facet arthropathy, cervical three to cervical four mild left neuroforaminal canal stenosis, cervical five to cervical six mild to moderate left neuroforaminal canal stenosis, and cervical six to cervical seven moderate to marked right and moderate left neuroforaminal canal stenosis. Medical records provided refer to prior treatments and therapies that included spinal fusion, the use of single point cane, several spinal injections, sacral-iliac joint injection, Botox injection to the cervical spine for headaches, psychological therapy, and a medication regimen of Oxycodone, OxyContin, Wellbutrin, Soma, Baclofen, Xanax, and Elavil. Documentation from 09/30/2013 of medication regimen noted a decrease in pain and spasms along with improvement in the function throughout daily activities; however the medical records provided did not indicate specific details of the effectiveness of the injured worker's medication regimen with regards to functional improvement, improvement in work function, or in activities of daily living. Functional capacity evaluation performed on 05/13/2013 noted in the summary that the injured worker's overall report of pain rating was consistent along with the disability rating and that the injured worker displayed the maximal physical effort. The evaluation advised the work restrictions of no lifting greater than fifteen pounds; no pushing, pulling, bending, stooping, kneeling, or squatting; and no sitting or standing for more than fifteen minutes a time without a ten minute break. Medical records from 09/30/2013 noted a work status of permanent and stationary. On 11/21/2013, Utilization Review non-certified the prescription for Xanax 0.5mg. Utilization Review based their determination on ACOEM Guidelines with the Utilization Review noting there was a lack of information with the question of how the medication was taken. The Utilization Review noted a discontinuance of this medication and also noted a "question on psychometric parameters" with the effectiveness of this medication.

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

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

**Xanax 0.5 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Xanax 0.5 mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on Xanax longer than the recommended 4 week period. The documentation does not indicate extenuating circumstances which would necessitate going against guideline recommendations. The request does not indicate a quantity. The request for Xanax 0.5mg is not medically necessary.

