

Case Number:	CM15-0163498		
Date Assigned:	09/28/2015	Date of Injury:	06/10/2004
Decision Date:	11/06/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/20/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 51 year old male who sustained an industrial injury on 6-10-14 from a slip and fall injuring the right knee with acute blunt injury to the right peroneal nerve. The medical records indicate that the injured worker has been treated for lumbar radiculopathy; lumbar spondylosis; lumbar degenerative disc disease; chronic low back pain; bilateral peroneal neuropathies; gait disturbance; insomnia; depression; possible left hip degenerative joint disease; bilateral shoulder impingement syndrome; bilateral chronic knee pain. In the 5-14-15 note the injured worker complained of low back pain with radiation down both legs with a pain level of 6-7 out of 10 with medication and 8-9 out of 10 without medication. On physical exam (7-22-15) of the shoulders there was positive impingement signs bilaterally with positive supraspinatus and cross adduction testing bilaterally, decreased range of motion; cervical spine revealed tenderness to palpation, slightly reduced range of motion; thoracic spine revealed tenderness to palpation; lumbar spine revealed tenderness to palpation, seated straight leg raise is positive bilaterally; left and right knee with tenderness with difficulty managing manipulation of the right knee. He has been on baclofen since at least 4-2015 and Xanax since 12-2014 per 7-22-15 note. Diagnostics include MRI of the lumbar spine (12-29-14) showing surgical changes; x-ray of the left ankle (5-13-15) showing lateral soft tissue swelling with bony avulsion. Treatments to date include medications: (past per 8-18-06) Norco, Soma, Neurontin, Cymbalta, Elavil, Wellbutrin, methadone, Dilaudid, Lidoderm patch, he failed trazadone, amitriptyline, Ambien; trigger point injections (current per 5-14-15 note) Xanax, oxycodone, Cymbalta, Wellbutrin, Robaxin, Oxybutynin, Ambien, ibuprofen, gabapentin, Voltaren, pain patches; lumbar epidural steroid

injections; L4-5 selective nerve root injections; status post left lateral approach to the left L3-4 discectomy, anterior interbody fusion (4-11-13); epidural steroid injection with benefit. The request for authorization dated 7-30-15 was for baclofen 10mg #120; Xanax 1 mg #120. On 8-11-15 Utilization review non-certified the requests for baclofen 10mg #120; Xanax 1mg #120 and modified them to baclofen 10mg #30; Xanax 1mg #108.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #120: 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): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Baclofen 10 mg #120 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar DDD, status post multiple L4- L5 discectomies; lumbosacral radiculopathy; chronic low back pain; bilateral peroneal neuropathies; significant date disturbance; pain related insomnia; pain related depression; bilateral shoulder impingement syndrome; and bilateral chronic knee pain. Date of injury is June 10, 2004. Request for authorization is July 30, 2015. According to a February 18, 2015 progress note, medications include Neurontin, Dilaudid, Wellbutrin, Cymbalta, Robaxin, Motrin, Xanax, Ambien, and Lidoderm patch. The start date for Robaxin and Xanax are not specified in the record. The start date for Baclofen is May 13, 2015. Robaxin was not covered by the carrier and the treating provider initiated Baclofen. According to a July 22, 2015 progress note, subjective complaints include the recent dislocation shoulder after seizure having run out of Xanax and low back pain. Objectively, there was tenderness to palpation in the cervical and lumbar paraspinal muscle groups. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Robaxin and Baclofen were prescribed in excess of the recommended guidelines for short-term (less than two weeks). Additionally, there is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. There is no documentation demonstrating objective functional improvement to support ongoing baclofen. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, and treatment continued well in excess of the recommended guidelines for short-term use, Baclofen 10 mg #120 is not medically necessary.

Xanax 1mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 1 mg #120 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are lumbar DDD, status post multiple L4-L5 discectomies; lumbosacral radiculopathy; chronic low back pain; bilateral peroneal neuropathies; significant date disturbance; pain related insomnia; pain related depression; bilateral shoulder impingement syndrome; and bilateral chronic knee pain. Date of injury is June 10, 2004. Request for authorization is July 30, 2015. According to a February 18, 2015 progress note, medications include Neurontin, Dilaudid, Wellbutrin, Cymbalta, Robaxin, Motrin, Xanax, Ambien, and Lidoderm patch. The start date for Robaxin and Xanax are not specified in the record. The start date for Baclofen is May 13, 2015. Robaxin was not covered by the carrier and the treating provider initiated Baclofen. According to a July 22, 2015 progress note, subjective complaints include the recent dislocation shoulder after seizure having run out of Xanax and low back pain. Xanax was prescribed to reduce spasm and treat anxiety. Objectively, there was tenderness to palpation in the cervical and lumbar paraspinal muscle groups. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Xanax was prescribed, at a minimum, as far back as February 18, 2015. The start date is not specified in the record. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts to support the ongoing use of Xanax in excess of the recommended guidelines. Based on clinical information and medical records, peer-reviewed evidence-based guidelines, no documented demonstrated objective functional improvement, and no compelling clinical facts to support the ongoing use of Xanax in excess of the recommended guidelines, Xanax 1 mg #120 is not medically necessary.