

<b>Case Number:</b>	CM15-0178296		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	02/07/2013
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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

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 40 year old female who sustained an industrial injury on 02-07-2013. According to a progress report dated 08-05-2015, the injured worker continued to have neck pain and low back pain. She reported that it had been about two months that she had returned back to work and noticed an improvement in the amount of time that she was able to handle being at work. At times, she was able to handle up to seven hours. With use of Norco, she was able to handle working and doing activities for a long amount of time. With the assistance of Tramadol, her pain also reduced but not as much. With aggravation of neck pain, she would get headaches and a dizzy sensation. She had recently tripped and twisted her ankle due to extreme dizziness. Examination of the cervical spine demonstrated stiffness, tightness and tenderness mostly on the right side of the cervical paravertebrals, trapezius and medial border of the right scapular area. Right rotation and right tilt was somewhat painful. Flexion and extension was close to normal, but the injured worker was uncomfortable with extreme range. Examination of the right shoulder demonstrated difficulty in extreme range in abduction and internal and external rotation. Heel and toe ambulation was painful. Tenderness was noted at L4-L5. The injured worker could flex approximately 10 inches from the ground. Sensation was intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. Straight leg raise test was positive from sitting position at 45 degrees bilaterally. Diagnoses included cervical sprain, lumbar sprain, right shoulder sprain, myofascial pain, moderate L4-L5 spinal stenosis and broad based disc bulge at L3-L5. The provider noted that a urine drug screen was reviewed. The provider noted, "I do have some doubt about the screening, therefore I would like to repeat the urine toxic screen."

Prescriptions written included Tramadol 50 mg twice a day #60 and Xanax 1 mg #30 for anxiety and stress. The provider noted that the injured worker was waiting authorization for lumbar epidural steroid injection at level of L4-L5 and L5-S1. Work status included modified work duties. Follow up was indicated in 4 to 5 weeks. Urine toxicology reports were not submitted for review. Documentation shows use of benzodiazepines dating back to April 2015. On 08-17-2015, Utilization Review non-certified the request for repeat urine drug screen, Xanax 1 mg #30 and a lumbar epidural steroid injection. The request for Tramadol was authorized.

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

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

#### **Repeat Urine Drug Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG Criteria for Use of Urine Drug Testing.

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

**Decision rationale:** Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid for this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Repeat Urine Drug Screen is not medically necessary and appropriate.

#### **Xanax 1mg #30: 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): Benzodiazepines.

**Decision rationale:** Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Alprazolam is an anti-anxiety medication in the benzodiazepine family which inhibits many of the activities of the brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, 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 as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops benefit of treatment already rendered. Submitted reports have not demonstrated the indication or functional improvement from treatment rendered since at least April 2015 to support continued use beyond guidelines criteria. The Xanax 1mg #30 is not medically necessary and appropriate.

**Lumbar Epidural Steroid Injection L4-5, L5-S1:** 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): Epidural steroid injections (ESIs).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend nerve root block as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any radicular findings, myotomal/dermatomal neurological deficits or remarkable correlating diagnostics to support the nerve injections. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria for the epidurals have not been met or established. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The Lumbar Epidural Steroid Injection L4-5, L5-S1 is not medically necessary and appropriate.