

<b>Case Number:</b>	CM15-0078519		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	07/19/2011
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 54 year old female, who sustained an industrial injury on July 19, 2011, incurring neck, low back and shoulder injuries after a motor vehicle accident. She was diagnosed with cervical degenerative disc disease, radiculopathy, biceps tendon impingement, cervicobrachial syndrome, lumbosacral strain and neuralgia and radiculitis. Treatment included a cervical discectomy and fusion, physical therapy, home exercise program, aqua therapy, injections, pain medications, and a functional restoration program. Currently, the injured worker complained of ongoing pain in her neck with radiating pain to the left shoulder, elbow, wrist and fingers and persistent left knee pain. The pain was aggravated with pushing, pulling, lifting, prolong sitting standing and walking. The treatment plan that was requested for authorization included a second opinion surgical consultation for the knee and a prescription for Xanax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2nd opinion consult surgical second opinion for the knee with [REDACTED]:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem Chapter 6.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch. 7, page 127.

**Decision rationale:** The patient presents with pain in the cervical spine, left shoulder, low back and left knee. The request is for 2nd opinion consult surgical second opinion for the knee with [REDACTED]. Physical examination to the left knee on 05/21/14 revealed moderate laxity to valgus stress on the left knee. Per 01/28/15 progress report, patient's diagnosis include status post cervical discectomy and fusion, cervical radiculopathy, biceps tendon impingement bilaterally due to alteration of her gait from the use of the cane, altered gait mechanics due to increase of muscle spasms in her neck with weakness in her lower extremities, cervical myelopathy, chronic pain syndrome, which has reduced her concentration, memory, energy levels, and mood. Patient's medications, per 02/18/15 progress report include Oxycontin, Paroxetine, Xanax, Oxycodone, Lorazepam, and Zofran. Patient is medically disabled. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Provider has not discussed this request. The patient suffers from knee pain. The ACOEM Guidelines support the referral of patients to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. This request appears to be reasonable and in accordance with the guidelines. Therefore, it is medically necessary.

**Xanax 1mg #60:** 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:** The patient presents with pain in the cervical spine, left shoulder, low back and left knee. The request is for Xanax 1mg #60. Physical examination to the left knee on 05/21/14 revealed moderate laxity to valgus stress on the left knee. Per 01/28/15 progress report, patient's diagnosis include status post cervical discectomy and fusion, cervical radiculopathy, biceps tendon impingement bilaterally due to alteration of her gait from the use of the cane, altered gait mechanics due to increase of muscle spasms in her neck with weakness in her lower extremities, cervical myelopathy, chronic pain syndrome, which has reduced her concentration, memory, energy levels, and mood. Patient's medications, per 02/18/15 progress report include Oxycontin, Paroxetine, Xanax, Oxycodone, Lorazepam, and Zofran. Patient is medically disabled. MTUS Chronic Pain Medical Treatment Guidelines, page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are

unproven and there is a risk of dependence." Provider does not discuss this request. Patient has received prescriptions for Xanax from 05/21/14 and 02/18/15. MTUS guidelines do not recommend use of Xanax for long-term use because efficacies are unproven and there is a risk of dependence. The request for additional Xanax #60 in addition to previous prescriptions does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.