

<b>Case Number:</b>	CM13-0044215		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 Occupational Medicine, and is licensed to practice in California. 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic multifocal pain, lower extremity pain, neck pain, low back pain, and posttraumatic headaches reportedly associated with an industrial injury of July 16, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; anxiolytic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of psychotherapy. In a utilization review report of September 27, 2013, the claims administrator denied a request for Xanax, approved a request for three sessions of psychotherapy, and denied a request for urine drug testing. The applicant's attorney subsequently appealed. A handwritten progress note of December 30, 2013 is difficult to follow, not entirely legible, and notable for comments that the applicant reports ongoing issues with neck, mid back, low back pain, and shoulder pain. The applicant is having issues with tremors, headaches, and depression. Xanax is endorsed for anxiety, while Topamax is endorsed for the applicant's headaches. The applicant is asked to remain off of work, on total temporary disability. An earlier note of November 4, 2013 was also notable for comments that the applicant is off of work, on total temporary disability, as of that point in time. An earlier September 3, 2013 progress note was again notable for comments that the applicant is having issues with depression and anxiety and was apparently using Xanax for the same. The applicant was having stressful episodes and panic attacks, it was further noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ALPRAZOLAM ER IMG #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While page 402 of the ACOEM Guidelines in Chapter 15 states that anxiolytic medications such as Alprazolam can be appropriate for brief periods in cases of overwhelming symptoms, in this case, however, the applicant is apparently using Alprazolam or Xanax chronically. The applicant has been using Xanax for what now appears to be several months to several years. This is not an approved usage for anxiolytic agents such as alprazolam, per ACOEM Guidelines. It is further noted that the applicant's mental health issues do not appear to have abated markedly despite ongoing usage of alprazolam. The applicant continues to have issues with anxiety, depression, insomnia, psychological stress, etc., and has failed to return to work. All the above, taken together, imply that ongoing usage of alprazolam has not been effective. Therefore, the request is not certified.

**URINE DRUG SCREENING: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing topic.

**Decision rationale:** While page 43 of the MTUS Chronic Pain Guidelines does endorse intermittent urine drug testing in the chronic pain population, the MTUS Guidelines does not establish specific parameters for or identify a frequency with which to perform drug testing. The ODG Chronic Pain Chapter Urine Drug Testing topic does suggest that an attending provider clearly furnish a list of those drug tests and/or drug panels which he intends to test for along with the applicant's complete medication list, to be attached along with the request for testing. In this case, however, neither the applicant's complete medication list nor a list of those drug tests or drug panels which the attending provider intended to test for was attached to the application for Independent Medical Review or to the request for authorization. The documentation on file, as previously noted, was sparse, handwritten, and difficult to follow. Therefore, the request is not medically necessary and appropriate as several ODG criteria for pursuit of drug testing have not seemingly been met.