

<b>Case Number:</b>	CM14-0005529		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	04/06/2004
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 patient is a 42 year old male who was injured on 04/06/2004. He was involved in a physical altercation with subject at work resulting in neck surgery and a back injury. Prior treatment history has included diagnostic injection of C5-C6 and C6-C7. UDS dated 12/05/2013 confirmed the prescription medication for Alprazolam and Norco. UDS dated 10/02/2013 confirmed the prescription medication Norco but did not detect Alprazolam which was indicated as a prescribed medication. UDS dated 09/04/2013 confirms the prescription medication Norco and Alprazolam. PR2 dated 12/05/2013 indicates the patient complains of ongoing neck pain and headaches and low back pain radiating down the right lower extremity. His pain is increasing and he has needed more of the pain medication. He is requesting medication refill as his medications remain helpful and provided functional gains in assisting him with his ADL's, mobility, and restorative sleep, contributing to his quality of life. He has been authorized his pain medication with muscle relaxer for 1 year. He has received a denial of Alprazolam and Lexapro. UR denial cites lack of evaluation by a psychiatrist therefore a psychiatry consultation and evaluation and medication management has been requested. The patient is diagnosed with cervicalgia, displacement of cervical intervertebral disc without myelopathy, lumbago, displacement of lumbar intervertebral disc without myelopathy, headache, and other symptoms referable to back. The treatment and plan includes Norco 5 mg 325 mg tablet 1 tab one to three times a day as needed, Xanax 1 mg tablet one half to one tablet a day as needed, Lexapro and Flexeril 10 mg tablet; Pain management for evaluation and treatment as appropriate for psychologic. In the meantime, we have again provided the two psych meds to allow for weaning down. The patient has signed a pain management agreement with the practice.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: URINE DRUG SCREEN; 12/5/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation UNIVERSITY OF MICHIGAN HEALTH SYSTEM GUIDELINES FOR CLINICAL CARE: MANAGING CHRONIC NON-TERMINAL PAIN, INCLUDING PRESCRIBING CONTROLLED SUBSTANCES, PG. 10.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guideline, Drug Testing; Opioids, Indicators For Addiction, Page 43; 87-91.

**Decision rationale:** According to the CA MTUS guidelines, Urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. The treating physician has not documented any aberrant or suspicious drug seeking behavior. Furthermore, the medical records document a UDS was performed on 11/7/13, and results were consistent with medications prescribed. Based on this, and absence of support within the evidence based guidelines, it does not appear that another urine drug screen performed less than 30 days later was necessary. The urine drug screen was not medically indicated.

**RETRO: XANAX 1MG, #24; 12/5/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 34 and Official Disability Guidelines (ODG), Pain.

**Decision rationale:** The Expert Reviewer's decision rationale: The medical records indicate the patient had been using Xanax at least since June 2013. According to the guidelines, this medication is not recommended for long-term use. Benzodiazepines are not recommended because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Based on these factors, Xanax is not medically appropriate.

**RETRO: LEXAPRO 20MG, #30; 12/5/13: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN, Page(s): 43.

**Decision rationale:** The Expert Reviewer's decision rationale: The medical records indicate the patient had been using Xanax at least since June 2013. According to the guidelines, this medication is not recommended for long-term use. Benzodiazepines are not recommended because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Based on these factors, Xanax is not medically appropriate.