

<b>Case Number:</b>	CM14-0012877		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	01/21/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Psychiatry, 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 39-year-old female who has submitted a claim for lumbar sprain/strain, left wrist contusion/sprain, and status post left carpal tunnel release associated with an industrial injury date of January 21, 2012. Medical records from 2013 were reviewed. The patient complained of persistent left wrist and lower back pain with radiation to the left lower extremity. Physical examination showed positive SLR on the right, weak extensor hallucis longus on the left, and gait was antalgic. Treatment to date has included NSAIDs, muscle relaxants, topical analgesics, physical therapy, and lumbar epidural steroid injections. Utilization review from January 27, 2014 modified the requests for Xanax 0.5mg, #60 x2 refills and Temazepam 15mg, #60 x2 refills to Xanax 0.5mg, #60 with no refills and Temazepam 15mg, #60 with no refills to allow for tapering off and to avoid sudden withdrawal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**XANAX 0.5MG #60 WITH TWO (2) REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to page 24 of the CA MTUS Chronic Pain Medical 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 its use to 4 weeks. In this case, the patient complained of persistent left wrist and lower back pain with radiation to the left lower extremity. Medical records failed to document the date of earliest use. In addition, rationale for prescribing this medication was not clearly stated. Therefore, the request for Xanax 0.5mg, #60 x2 refills is not medically necessary.

**TEMAZEPAM 15MG #60 WITH TWO (2) REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to page 24 of the CA MTUS Chronic Pain Medical 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 its use to 4 weeks. In this case, the patient complained of persistent left wrist and lower back pain with radiation to the left lower extremity. Medical records failed to document the date of earliest use. In addition, rationale for prescribing this medication was not clearly stated. Therefore, the request for Temazepam 15mg, #60 x2 refills is not medically necessary.