

<b>Case Number:</b>	CM14-0014173		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	09/24/1996
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Physical Medicine and Rehabilitation 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 60 year old male who was injured on 09/24/1996 when a beam fell on the patient's head and shoulder. Prior treatment history has included the patient undergoing a cervical fusion at C3-4 and C6-7 in April of 1998. Treatment has included physical therapy, exercise, heat and chiropractic care. The patient has a longstanding opiate dependence, benzodiazepine dependence, history of alcohol abuse, positive marijuana screen and depression. Medications include the following: OxyContin 20 mg, Xanax 1 mg, Cymbalta, and Effexor PR-2 dated 12/31/2013 documented the patient continues to have complaints of neck pain, headaches and right shoulder pain. Pain continues to be about 9/10 before medications, coming down to 4/10 with medications. Currently he is 7/10. He can get severe headaches which are disabling. He states that the brand of OxyContin and Vicoprofen worked much better for him. Current medication consist of OxyContin 20 mg one PO TID to QID, Vicoprofen 1 QID and Xanax 1 mg bid. Objective findings on examination reveal he has a normal gait and stance. There is tenderness at the lower cervical spine. Range of motion of the cervical spine is quite limited in extension and left lateral bending. Diagnoses includes history of cervical fusion at C3-C4 and C6-C7, April 1998; chronic headaches and neck pain; Carpal tunnel syndrome, nonindustrial; history of right shoulder surgery in 2000; erectile dysfunction due to his chronic pain; and low testosterone level September 2006, normal levels as of March 2007. Discussion/Plan: I wrote a prescription for OxyContin 20 mg #100 a month, a second prescription "Do Not Fill for a Month." I did not dispense Xanax. He has refills of his other medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**XANAX 1 MG TAKE 1 BID FOR PSYCHIATRIC (ANXIETY): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine ; Opioids, criteria for use, Page(s): 24; 75-94.

**Decision rationale:** In this case, this patient continues to have headaches and pain in neck and right shoulder. The patient reports 9/10 pain before medication and 4/10 with medications. Current medications include OxyContin, Vicoprofen, and Xanax. The patient reports OxyContin and Vicoprofen worked much better for him. According to the California MTUS Chronic Pain Medical Treatment Guidelines, Xanax is a benzodiazepine and it is 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. Vicoprofen is also recommended for short term use only, generally less than 10 days. OxyContin is indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. The records submitted for review indicates that the patient has been prescribed this medication chronically. There is documentation that the patient has a history of opiate and benzodiazepine dependence as well as alcohol and drug abuse. Thus, the request for Xanax 1 mg, take 1 BID for psychiatric (anxiety) is not medically necessary and appropriate.