

<b>Case Number:</b>	CM14-0045387		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Internal Medicine, has a subspecialty in Hospice & Palliative Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 35-year-old woman with a date of injury of 03/25/2013. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 12/17/2013, 01/28/2014, and 02/06/2014 indicated the worker was experiencing neck and upper back pain that went into the right arm, right arm weakness, and right shoulder pain. Documented examinations described tenderness and spasm in the neck and upper back, positive Spurling's signs on sides, a positive right shoulder impingement sign, mild right shoulder weakness, right shoulder tenderness, and decreased feeling along the pathways of the spinal nerves C4-C6. The submitted and reviewed documentation concluded the worker was suffering from upper back disk bulge(s), cervical radiculitis, right shoulder tendonitis and strain/sprain, and cervical musculoligamentous strain. Treatment recommendations included oral pain medications, medications injected near the spinal nerves in the upper back, urinary drug screen testing, and a functional capacity evaluation. A Utilization Review decision was rendered on 03/04/2014 recommending non-certification for 120 tablets of Xanax (Alprazolam) 1mg. A urinary drug screen testing report dated 02/06/2014 was also reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 83.

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

**Decision rationale:** The injured worker is a 35-year-old woman with a date of injury of 03/25/2013. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 12/17/2013, 01/28/2014, and 02/06/2014 indicated the worker was experiencing neck and upper back pain that went into the right arm, right arm weakness, and right shoulder pain. Documented examinations described tenderness and spasm in the neck and upper back, positive Spurling's signs on sides, a positive right shoulder impingement sign, mild right shoulder weakness, right shoulder tenderness, and decreased feeling along the pathways of the spinal nerves C4-C6. The submitted and reviewed documentation concluded the worker was suffering from upper back disk bulge(s), cervical radiculitis, right shoulder tendonitis and strain/sprain, and cervical musculoligamentous strain. Treatment recommendations included oral pain medications, medications injected near the spinal nerves in the upper back, urinary drug screen testing, and a functional capacity evaluation. A Utilization Review decision was rendered on 03/04/2014 recommending non-certification for 120 tablets of Xanax (Alprazolam) 1mg. A urinary drug screen testing report dated 02/06/2014 was also reviewed.