

<b>Case Number:</b>	CM14-0051542		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/29/2010
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Anesthesiology, has a subspecialty Pain Management and is licensed to practice in Tennessee. 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:

This is a 33 year old male with a 4/29/10 date of injury. The patient was seen on 1/27/14 that noted the patient's condition has not changed. Her pain is a 7/10 radiating from the neck into the right scapula and right upper extremity. Exam findings reveal weakness and numbness on the right C7 dermatome, minimal lumbar tenderness, and 40% decreased range of motion. The diagnosis is lumbar and cervical spine strain/sprain, herniated nucleus pulposus at C6/7, and status post fusion at L3-S1 on 4/16/13. A urine drug screen dated 3/10/14 was negative for all drugs tested. A urine drug screen dated 10/17/13 was positive for THC, Xanax was negative. Treatment to date: medications and physical therapy. The UR decision dated 3/27/14 was denied for undocumented reasons.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam tab 0.5mg #100:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are 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. This patient was given a prescription for Xanax q 6 hrs. #100. There is a lack of documentation regarding the exact rationale, duration, and benefit of this medication. In addition, there have been urine drug screens negative for this medication and positive for Marijuana. Therefore, the request for Xanax 0.5 mg #100 was not medically necessary.