

<b>Case Number:</b>	CM14-0126592		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	10/01/2010
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 64 year old female, who sustained an industrial injury on 10/1/2010. The current diagnoses are cervical disc with radiculitis, cervical facet without myelopathy, shoulder joint pain, bicipital tenosynovitis, myofascial pain, and depression. Currently, the injured worker complains of pain in the neck, right shoulder and right upper extremity. The pain is rated 3/10 on a subjective pain scale. The pain is described as constant, dull, achy, sharp-shooting, and burning with a pins and needles sensation. Additionally, she reports increasing anxiety secondary to her neck and shoulder pain. The physical examination of the cervical spine revealed mild decreased range of motion with flexion, extension and lateral rotation. Motor strength was 4/5 in the right upper extremity. Light touch produces a tingling effect in the distal right upper extremity with slightly decreased sensation. Decreased grip strength was noted in the right hand. She does have tenderness to palpation in the cervical paraspinal muscles. Treatment to date has included TENS unit, physical therapy, exercise, massage, and acupuncture. The treating physician is requesting Xanax 0.5mg #30, which is now under review. On 7/31/2014, Utilization Review had non-certified a request for Xanax 0.5mg #30. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax .5mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

**Decision rationale:** This 64 year old female has complained of neck pain and right shoulder pain since date of injury 10/1/10. She has been treated with TENS unit, acupuncture, physical therapy and medications to include Xanax for at least 4 weeks duration. The request for Xanax .5mg # 30. The California MTUS do not recommend for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The injured worker received 36 sessions of physical therapy that showed improvement. The injured worker also had acupuncture that indicated worked best for her. Per the clinical notes provided, the injured worker's anxiety increases when her pain increased. Per the physical therapy notes, the injured worker had improved and rates her pain 3/10. Per the guidelines, a more appropriate treatment for anxiety disorder is an antidepressant and is not recommended for long-term use. The request did not indicate a frequency. As such, the request IS NOT medically necessary.