

<b>Case Number:</b>	CM14-0204855		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	04/04/2000
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 57-year-old woman who sustained a work-related injury on April 4, 2000. Subsequently, the patient developed chronic low back and neck pain. According to a follow-up report dated November 18, 2014, the patient reported feeling worse. She rated her level of pain as a 7/10. She described her pain as sharp, burning, pin and needles with numbness and tingling of the upper extremities. Objective findings included 5/5 strength bilaterally in the upper extremities. Sensation was decreased in the C6 dermatome. There was positive cervical compression test. The patient was diagnosed with disc disease. The provider requested authorization for Xanax and Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Xanax 0.5mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

**Decision rationale:** Benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence.

Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain in this case. There is no recent documentation of anxiety or depression in this case which could be managed with antidepressants. In addition, the patient has been taking Xanax since at least October 2013. Peer review dated October 7, 2014 documented that Xanax was certified for weaning purposes. Therefore the use of Xanax 0.5mg #90 is not medically necessary.

**1 prescription of Lyrica 80mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (Pregabalin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 20.

**Decision rationale:** According to MTUS guidelines, <<Lyrica is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant ), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-therapeutic neuralgia; and has been considered as a first-line treatment for neuropathic pain>>. There is no clear documentation of neuropathic pain in this patient that required and responded to previous use of Lyrica. In addition, Lyrica had been used since at least October 2013 without clear proven efficacy. Therefore, Lyrica 80mg #90 is not medically necessary.