

<b>Case Number:</b>	CM14-0209210		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	10/30/2009
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Rehab, has a subspecialty in Interventional Spine 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 49 year old female with the injury date of 10/30/09. Per physician's report 11/19/14, the patient has shoulder pain and lower back pain, radiating down her right leg. Her pain level is 8/10 without medication and 2-3/10 with medication. The patient is currently taking Norco, Ibuprofen, Topamax, Prilosec, Restoril, Xanax, Colace and Hydroxyzine. MRI of the left knee from 01/28/12 reveals 1) mild degenerative signal in the posterior horn and body of the medical meniscus 2) mild chondral thinning at the patellofemoral compartment with areas of chondral fissuring. EMG/NCV of bilateral upper extremities on 01/06/12 reveals mild right carpal tunnel syndrome. Per 08/13/14 progress report, the patient has neck pain at 9/10 without medication and 2/10 with medication. The patient states "medications are effective. Side effects of the medication include constipation." The patient is taking Noroc, Ibuprofen, Topzmax, Prilosec, restoril and Xanax. The range of cervical motion is restricted with flexion and lateral rotation. The range of lumbar motion is restricted. The lists of diagnoses are: 1.Right ankle sprain 2.Back pain 3.S/P left shoulder arthroscopy with distal clavicle resection 4.Left acromioclavicular joint arthritis 5.Bilateral knee internal derangement 6.C5-6 small disc bulge 7.L4-5 broadbased disc bulge 8.Cervical degenerative disc disorder 9.Right leg radiculopathy 10.Left shoulder impingement The utilization review determination being challenged is dated on 12/09/14. Two treatment reports were provided on 08/13/14 and 11/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg, quantity 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressant Page(s): 24,66.

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

**Decision rationale:** The patient presents with pain and weakness in her neck, shoulders, lower back and right knee. The request is for XANAX 0.5mg #240. The patient is currently taking Norco, Ibuprofen, Topamax, Prilosec, Restoril, Xanax, Colace and Hydroxyzine. For benzodiazepines, the MTUS Guidelines page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependency." The review of the reports indicates that the patient has been utilizing Xanax since at least 08/13/14. The MTUS Guidelines recommends maximum of 4 weeks due to "unproven efficacy and risk of dependence." The requested Xanax IS NOT medically necessary.