

<b>Case Number:</b>	CM14-0213754		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	12/19/2003
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 year old female injured worker suffered and industrial injury on 12/19/2003. The diagnoses were chronic pain syndrome, derangement of shoulder joint, reflex sympathetic dystrophy of upper and lower limbs, depression and sprain of shoulder and upper arm. The treatments were medications. The treating provider reported the injured worker stated that both hips were excruciating, especially the left side. She rated pain as 6/10 with medications and 10/10 without medications. On exam she is using a 4 wheeled walker with pain in both feet with mild swelling in both feet and ankles. The left shoulder had marked tenderness with difficulty in range of motion. The Utilization Review Determination on 12/3/2014 non-certified: 1. Xanax 1 MG #90, citing MTUS; 2. Baclofen 10 MG #180, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1 MG #90:** Upheld

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

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

**Decision rationale:** Regarding Benzodiazepines, the MTUS guidelines page 24, do 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. Only short-term use of this medication is recommended for this medication. According to the 11/17/2014 report, this patient presents with bilateral knee and hip pain; "hips are excruciating, especially the L side, when standing up straight it bulges, knees still have to crack when I get up.' The current request is for Xanax 1 MG #90. Review of the provided reports show the patient has been prescribed Xanax since 06/24/2014 and it is unknown exactly when the patient initially started taking this medication. The treater does not mention that this is for a short-term use. MTUS does not support long-term use of this medication. Therefore, the request IS NOT medically necessary.

**Baclofen 10 MG #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** For muscle relaxants for pain, the MTUS Guidelines page 63 state non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement. A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. According to the 11/17/2014 report, this patient presents with bilateral knee and hip pain; "hips are excruciating, especially the L side, when standing up straight it bulges, knees still have to crack when I get up." The current request is for Baclofen 10 MG #180. Review of the available records indicates that this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treating physician is requesting Baclofen #180 and this medication was first noted in the 06/24/2014 report. Baclofen is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.