

<b>Case Number:</b>	CM15-0015163		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	06/26/2012
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 37-year-old female who sustained a work related injury on June 26, 2012, incurring neck injuries. Treatment included physical therapy, in home traction, muscle relaxants and pain medication. Magnetic Resonance Imaging (MRI) revealed cervical disc protrusions and moderate spinal stenosis. She was diagnosed with cervical stenosis, cervical radiculopathy and cervical disc displacement. Currently, upon examination in December, 2104, the injured worker continued to have shoulder pain upon movement of her neck. On December 31, 2014, a request for one prescription of Xanax 0.5mg #60 between December 18, 2014 and February 24, 2015 and one prescription of Cymbalta 60mg with one refill between December 18, 2014 and February 24, 2015 were non-certified by Utilization Review, noting the California Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg #60:** Upheld

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

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, "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. 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. Per review of the submitted documentation, the injured worker was using this medication long term. As the treatment is not recommended for long-term use, and there is no documentation of improvement of function, the request is not medically necessary.

**Cymbalta 60mg #60 with 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

**Decision rationale:** Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006). The latest progress report available for review contained findings consistent with neuropathic pain, which disputes the UR physician's assertion that the IW does not have neuropathic pain. They have been diagnosed with cervical radiculopathy. As the requested medication is indicated, the request is medically necessary.