

<b>Case Number:</b>	CM15-0139207		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	01/26/1984
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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

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 injured worker is a 57 year old female, who sustained an industrial injury on 01-26-1984 when she noted sever pain that radiated around to her waist and low back. The injured worker is currently working. The injured worker is currently diagnosed as having degenerative lumbar disc disease and low back myofascial pain syndrome. Treatment and diagnostics to date has included home exercise program and medications. In a progress note dated 06-22-2015, the injured worker reported low back problems. Objective findings included tenderness to palpation over the left low back and buttocks and decreased range of motion to back. The treating physician reported requesting authorization for Xanax and Anaprox.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5 mg #135 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Xanax (Alprazolam).

**Decision rationale:** The patient presents with low back pain. The request is for xanax 0.5 mg #135 with 5 refills. The request for authorization is dated 06/24/15. Physical examination of the thoracolumbar spine reveals tenderness to palpation over the left low back and buttocks. Back range of motion is markedly decreased in most directions. She does home exercises. She has not had any recent therapy. She is compliant with her medications. Per progress report dated 06/22/15, the patient is MMI. MTUS, Benzodiazepines Section, page 24 states, "Not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG Guidelines, Pain (Chronic) Chapter, under Xanax (Alprazolam) states: "Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression." Per progress report dated 06/22/15, treater's reason for the request is "depression." MTUS only recommends short-term use (no more than 4 weeks) for benzodiazepines. However, this patient has been prescribed Xanax since at least 04/11/11. This request for additional Xanax #135 with 5 Refills does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

**Anaprox 275 mg #200 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 66, 67-73.

**Decision rationale:** The patient presents with low back pain. The request is for Anaprox 275 mg #200 with 5 refills. The request for authorization is dated 06/24/15. Physical examination of the thoracolumbar spine reveals tenderness to palpation over the left low back and buttocks. Back range of motion is markedly decreased in most directions. She does home exercises. She has not had any recent therapy. She is compliant with her medications. Per progress report dated 06/22/15, the patient is MMI. MTUS, Anti-inflammatory Section, pg 22 states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." Per progress report dated 06/22/15, treater's reason for the request is it "pain." Patient has been prescribed Anaprox since at least 04/11/11. MTUS supports the use of anti-inflammatories as traditional first line of treatment for pain. However, other than a general statement of "The patient can continue taking Anaprox 275 mg tw table q. 6 hours p.r.n pain #200 a month prescribed." The treater does not specifically discuss efficacy of Anaprox for the patient. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Given the lack of documentation, the request does not meet guidelines indication. Therefore, the request is not medically necessary.