

<b>Case Number:</b>	CM15-0143266		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	06/29/2004
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 49-year-old male, who sustained an industrial injury on June 29, 2004. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included injections, surgery, medication, home exercise program, psychotherapy and toxicology screen. Currently, the injured worker complains of worsening depression and increased stress resulting in sleep disturbance. He also reports low back pain that radiates to his legs described as aching and rated at 8-10 on 10 without medication and 2-5 on 10 with medication. The injured worker is diagnosed with chronic pain syndrome, depression, post laminectomy syndrome, lumbar degenerative disc disease, lumbar radiculopathy and low back pain. His work status is permanent and stationary. A progress note dated May 7, 2015, states Cymbalta, Abilify and Xanax improve his symptoms of depression and anxiety to a manageable level. A psychotherapy note dated May 13, 2015, states the injured workers symptoms of depression are rated as mild and his sleep regimen is good. The note further states the injured worker is currently paying for his medications out of pocket. A progress note dated July 7, 2015 states the injured worker experienced therapeutic efficacy from his medication regimen, which includes Xanax. The note states Xanax is beneficial in decreasing his anxiety and improving his ability to sleep. The note further states the injured worker is able to experience improved function and ability to engage in activities of daily living due to his medication regimen, which in turn boosts his mood. Therapeutic efficacy experienced from injections, home exercise program and surgery were not included in the documentation. The following, Xanax 0.5 mg #60 (to decrease anxiety and improve sleep regimen) and urine drug screen (to monitor compliancy and other possible drug use) are requested.

## 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 Benzodiazepine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Health, Benzodiazepine.

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

**Decision rationale:** The claimant has a remote history of a work injury occurring in June 2004 and continues to be treated for radiating back pain and has worsening depression and stress and is having difficulty sleeping. Medications are referenced as decreasing pain from 8-10/10 to 2-5/10. When seen, he was having worsening pain due to being unable to obtain medications. There was decreased and painful lumbar spine range of motion. Straight leg raising was positive. There was lumbar paraspinal and sacroiliac joint tenderness. His BMI was nearly 44. Urine drug screening had been performed in February and in May 2015. Medications being prescribed include OxyContin, Norco, and Xanax. Xanax is a benzodiazepine which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Long-term use may increase anxiety. In this case, the claimant has been prescribed Xanax on a long-term basis and there are other preferred treatments. Continued use of Xanax may actually be increasing the claimant's anxiety. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.

**1 Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

**Decision rationale:** The claimant has a remote history of a work injury occurring in June 2004 and continues to be treated for radiating back pain and has worsening depression and stress and is having difficulty sleeping. Medications are referenced as decreasing pain from 8-10/10 to 2-5/10. When seen, he was having worsening pain due to being unable to obtain medications. There was decreased and painful lumbar spine range of motion. Straight leg raising was positive. There was lumbar paraspinal and sacroiliac joint tenderness. His BMI was nearly 44. Urine drug screening had been performed in February and in May 2015. Medications being prescribed include OxyContin, Norco, and Xanax. Criteria for the frequency of urine drug testing include evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous two urine drug test results already done in 2015 that would be inconsistent with the claimant's prescribed medications. This request for repeat urine drug screening was not medically necessary.