

<b>Case Number:</b>	CM15-0180628		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	01/15/2009
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 60 year old female who sustained an industrial injury on 1-15-09. The injured worker reported "daytime fatigue". A review of the medical records indicates that the injured worker is undergoing treatments for gastritis and carpal tunnel syndrome. Medical records dated 7-8-15 indicate "slight increase in severity this week". Provider documentation dated 9-22 noted the work status as "defer to PTP". Treatment has included radiographic studies, right carpal tunnel release (7-22-10), left carpal tunnel release (1-26-12), injection therapy, cervical spine magnetic resonance imaging (12-30-09), lumbar spine magnetic resonance imaging (12-30-09), Naproxen since at least July of 2014, Celebrex since at least July of 2014, and an esophagogastroduodenoscopy (11-6-14). Objective findings dated 7-8-15 were notable for alert and oriented, in no acute distress. The original utilization review (8-31-15) denied a request for Xanax 0.5 milligrams every night at bedtime quantity of 30 and H-pylori IgG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg QHS #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** As reports dated from 2015 provided by the treating physician are handwritten, difficult to read, and do not include a description of subjective pain, the 9/26/14 progress report was consulted; this patient presents with constant neck pain radiating to the upper extremities, and constant low back pain radiating into the lower extremities. The treater has asked for XANAX 0.5 MG QHS #30 on 8/19/15. The patient's diagnoses per request for authorization dated 8/19/15 are neck s/s, lumbar IVD syndrome, carpal tunnel syndrome, HTN, GI, and ANX. The patient is s/p left wrist fracture from January 2013, fracture of right ankle 2000 with ORIF per 9/26/14 report. The patient has pain at waist level with no radiation per 2/2/15 report. The patient has increased anxiety per 5/27/15 report. The patient has had 2 weeks of increased daytime fatigue per 7/8/15 report. The patient uses Naproxen twice a day and Ibuprofen at bedtime both for wrist/pack pain per 7/30/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines, Benzodiazepine section, page 24, states: "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." MTUS Guidelines, Medications for Chronic Pain, pg. 60, states: "Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." ODG-TWC, 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. The treater does not discuss this request in the reports provided. Utilization review letter dated 8/31/15 denies request due to lack of indication for this medication. The patient was taking Diazepam per 9/26/14 report. The patient initiated Xanax on 3/18/15 report, but the treater discontinued without an explanation in the subsequent 4/15/15 report. Both MTUS and ODG do not recommends long-term use of this medication. ODG, however, supports short-term use of benzodiazepines in patients with "moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression." Although the patient has a diagnosis of anxiety, the treater does not document the efficacy of prior use of Xanax. Regarding medications for chronic pain, MTUS pg. 60 require a recording of pain and function. Hence, the request IS NOT medically necessary.

**H-plyori IgG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna guidelines, Clinical Policy Bulletin Number 0177, Helicobacter Pylori Infection Testing.

**Decision rationale:** As reported dated from 2015 are handwritten, difficult to read, and do not include a description of subjective pain, the 9/26/14 progress report provided by the treating physician was consulted; this patient presents with constant neck pain radiating to the upper extremities, and constant low back pain radiating into the lower extremities. The treater has asked for H-PLYORI IGG [H-PYLORI IGG] on 8/19/15. The patient's diagnoses per request for authorization dated 8/19/15 are neck s/s, lumbar IVD syndrome, carpal tunnel syndrome, HTN, GI, and ANX. The patient is s/p left wrist fracture from January 2013, fracture of right ankle 2000 with ORIF per 9/26/14 report. The patient has pain at waist level with no radiation per 2/2/15 report. The patient has increased anxiety per 5/27/15 report. The patient has had 2 weeks of increased daytime fatigue per 7/8/15 report. The patient uses Naproxen twice a day and Ibuprofen at bedtime both for wrist/pack pain per 7/30/15 report. The patient's work status is not included in the provided documentation. The MTUS, ACOEM ODG guidelines do not address this request. Aetna guidelines, Clinical Policy Bulletin Number 0177, Helicobacter Pylori Infection Testing states: "Aetna considers carbon isotope (13C or 14C) urea breath testing or stool antigen testing medically necessary in selected persons who meet any of the following criteria: 1. Evaluation of new onset dyspepsia; or 2. Evaluation of persons with persistent symptoms of dyspepsia despite 2 weeks of appropriate antibiotic therapy for Helicobacter pylori (H. pylori); or 3. Recurrent dyspeptic symptoms suggesting re-infection with H. pylori; or Re-evaluation to assess success of eradication of H. pylori infection. (Note: Testing to ensure eradication should occur no sooner than 4 weeks post-treatment)." Per review of reports, there is no evidence of a prior Helicobacter pylori test. The 8/19/15 report shows that the patient has a history of gastritis. However, there is no discussion as to why the treater is requesting Helicobacter pylori study. The examination does not discuss possible infection, nor is there a discussion of a new onset of dyspepsia. In this case, the patient does not meet the AETNA guidelines for a Helicobacter pylori study. The request IS NOT medically necessary.