

<b>Case Number:</b>	CM15-0185830		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 39 year old female, who sustained an industrial injury on 10-29-2012. The injured worker is undergoing treatment for right upper extremity pain and chronic pain syndrome with associated psychological symptoms and chronic opiate use. Medical records dated 9-4-2015 indicates the injured worker complains of right shoulder, arm, elbow, and hand pain rated an average 3 out of 10 since last visit. She reports medication brings pain to 1 out of 10 for 8 hours. The treating physician on 9-4-2015 does not provide psychological assessment. Physical exam dated 9-4-2015 notes painful decreased range of motion (ROM) of the right shoulder and positive right wrist Tinel's sign. Treatment to date has included right carpal tunnel release and pronator surgery, physical therapy, acupuncture, injections, Cymbalta, Naproxen, Percocet, Tramadol, Xanax since at least 5-2015 and psychotherapy (8-2013 through 4-2014). The original utilization review dated 9-17-2015 indicates the request for Cymbalta 30mg #30, Naproxen 550mg #60 and Percocet 5-325mg #55 is certified and Xanax 0.5mg #25 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg #25: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Xanax.

**Decision rationale:** The patient presents with pain in the right upper extremity. The request is for XANAX 0.5MG #25. Patient is status post right wrist surgery, 10/22/13. Examination to the right wrist on 09/04/15 revealed a positive Tinel's sign. Range of motion of the right shoulder was decreased with pain. Patient's treatments have included physical therapy, surgery, acupuncture, injections, psychotherapy, and medication. Per 08/04/15 progress report, patient's diagnosis include right upper extremity overuse syndrome and chronic myofascial pain: stable; right pronator tunnel syndrome status post pronator release/median nerve release October 22, 2013; right carpal tunnel syndrome status post carpal tunnel release October 22, 2013; right wrist de Quervain's syndrome status post first dorsal compartment release October 22, 2013, right elbow medial and lateral epicondylitis/myofascial pain: stable; right shoulder adhesive capsulitis/myofascial pain: stable; chronic pain syndrome with associated psychological symptoms and chronic opiate pain. Patient's medications, per 04/13/15 progress report include Percocet, Xanax, Tramadol, and Naproxen. Patient is not working. The MTUS Guidelines page 24 states, benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence. 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 RFA for this request was not included in the medical file. In progress report dated 09/04/15, the treater is prescribing Xanax to reduce pain related anxiety and muscle spasms which allow or increase in daytime activity. Xanax (Alprazolam) has been included in patient's medications from 04/17/15 through 09/04/15. It is not known when this medication was initiated. However, the guidelines do not recommend long-term use of benzodiazepines due to risk of dependence. The patient has been prescribed this medication at least since 04/17/15. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.