

Case Number:	CM15-0194763		
Date Assigned:	10/08/2015	Date of Injury:	04/14/2000
Decision Date:	11/18/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/05/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 67 year old female, who sustained an industrial injury on 04-14-2000. She has reported injury to the neck. The diagnoses have included neuropathic pain in the upper extremity secondary to cervical disc syndrome; cervical disc syndrome at C5-C6 and C6-C7 with neuroforaminal narrowing per MRI; cervical radiculitis per EMG (electromyography); cervical-thoracic myofasciitis; and status post left carpal tunnel release. Treatment to date has included medications, diagnostics, cognitive behavioral therapy, and surgical intervention. Medications have included Norco, Neurontin, Elavil, and Xanax. A progress report from the treating provider, dated 08-27-2015, documented an evaluation with the injured worker. The injured worker reported that she continues to have neck pain extending down the upper extremities with burning sensation all the way down into the mid back; the pain medications decrease her pain level to a 4-5 out of 10 in intensity; without the medication, pain rises to 8+ out of 10 in intensity; the reduction of pain does allow her to perform daily activities; her medication significantly reduces her pain levels to the point she is able to function; however, she is very limited on carrying heavy weight; and she continues her cognitive behavioral therapy. Objective findings included she is awake and alert; there is no evidence of medication-induced somnolence; she has discontinued the use of wrist splints as recommended by this office; she states mobility in her wrist has improved; there are significant muscle spasms of the cervical paraspinal musculature extending into the left trapezium region; there are spasms down over the posterior shoulder complex; there is chronic myofascial pain with associated jump response; compression causes significant radicular pattern of pain in the left extremity; positive Tinel's sign at the right hand and elbow as well as the wrist on the left; and she continues to have

painful range of motion in the upper extremities. The treatment plan has included the request for 1 prescription of Xanax 1mg #60. The original Utilization Review, dated 09-10-2015, modified the request for 1 prescription of Xanax 1mg #60, to 1 prescription of Xanax 1mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Xanax 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Alprazolam (Xanax) (2015); ODG Pain (Chronic) Benzodiazepines (2015).

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

Decision rationale: According to the cited CA MTUS guidelines, benzodiazepines (Xanax) are not recommended for long-term use because long-term efficacy is unproven and there is significant risk of dependence. Chronic benzodiazepines are the treatment of choice in very few conditions and not indicated for use in sleep related issues. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The injured worker's records indicate that she has been prescribed Xanax long-term for her chronic pain. Therefore, based on the cited guidelines and medical records available, Xanax 1mg #60 is not medically necessary and appropriate.