

<b>Case Number:</b>	CM15-0207982		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	07/12/2011
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Texas, Florida, California

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

### 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 7-12-2011. The injured worker is being treated for cervical disc disease, cervical radiculopathy, status post right shoulder internal derangement, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and bilateral knee sprain-strain. Treatment to date has included medications, diagnostics, physical therapy, hoe exercise, cervical epidural steroid injections (CESI), and work restrictions. Per the most recent submitted Pain Management Progress Report dated 7-06-2015, the injured worker presented for follow-up evaluation. She reported c cervical spine pain and increased lumbar spine pain on the right side with radiation to the right hip and leg into the toe. She is requesting an injection. She has bilateral C4-5 and C5-6 transfacet epidural steroid injection on 5-04-2015 for which she states that she was 60% better. After the injection, her pain was reduced from 6 out of 10 to 3-4 out of 10. Medications are helping with her pain. Objective findings included moderate cervical paraspinous muscle tenderness extending into the bilateral trapezii and decreased sensation in the C5 and C6 dermatomes bilaterally. There was tenderness and spasm in the thoracolumbar spine and the right costal margin and decreased sensation in the L4 dermatome in the right. The notes from the provider do not document efficacy of the prescribed medications. It is unclear from the medical records provided how long the IW has been prescribed Xanax and for what it was prescribed. Work status was deferred to the PCP. The plan of care included evaluation by an orthopedic spine specialist and right L4-5 and L5-S1 ESI. Authorization was requested for an orthopedic outpatient spine specialist consult, EMG (electromyography) and NCS (nerve conduction studies) of the bilateral lower extremities and

pharmacy purchase of Xanax 1mg #30. On 9-25-2015, Utilization Review modified the request for Xanax 1mg #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Xanax 1mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Benzodiazepines.

**Decision rationale:** The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is not medically necessary and appropriately non-certified following the evidence-based guideline.