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| <b>Case Number:</b>   | CM15-0023869 |                              |            |
| <b>Date Assigned:</b> | 02/13/2015   | <b>Date of Injury:</b>       | 03/22/2012 |
| <b>Decision Date:</b> | 04/02/2015   | <b>UR Denial Date:</b>       | 01/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/09/2015 |

### 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 (IW) is a 51 year old female who sustained an industrial injury on 03/22/2012 in a fall. She has reported low back pain with radicular symptoms. Diagnoses include cervical disc disease, cervical radiculopathy, cervical facet syndrome, right shoulder impingement, lumbar disc disease, and lumbar radiculopathy. Diagnoses also include: lumbar spine facet syndrome, right sacroiliac joint facet arthropathy, status post reduction internal fixation of the right foot, and right lower extremity complex regional pain syndrome. Treatment to date includes physical therapy of the cervical and lumbar spine x18 visits, and physical therapy for the right foot x 24. The IW has had five lumbar epidural steroid injections, physical therapy, home exercise therapy, and medication management. A progress note from the treating provider dated 12/18/2014 indicates the worker continues pain at 8-10 /10 levels. Pain is located in the neck, right shoulder and lower back, and improves with medication. She has moderate tenderness to palpation and spasm of the cervical paraspinal muscles extending to the right trapezius muscles. There is facet tenderness at C4 through C7 levels and decreased range of motion in all areas of the cervical spine except lateral flexion. There is decreased sensation along the left C5-C6 dermatomes she has diffuse tenderness over the lumbar spine with decreased range of motion and decreased strength on the right lower extremity and absent ankle reflex on the right. Pain improves with medication. and she had relief with ESI's. The plan is to continue her current medications of Elavil, Xanax, Gabapentin, Prozac, Soma and Norco with random drug testing, have a psychological consultation, and await authorization for a bilateral B4-S1

Rhizotomy and neurolysis. On 01/21/2015 Utilization Review modified a request for Xanax 1mg, #90 to Xanax 1mg #30 to allow for weaning. The MTUS were cited.

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

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

**Xanax 1mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications Page(s): 24, 124.

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

**Decision rationale:** Per the 12/18/14 report the patient presents with pain in the neck, right shoulder and lower back. The current request is for XANAX 1 mg, #90. The RFA is not included. The utilization review cites RFA's received dated 11/18/14 and 01/12/15. The 01/21/15 utilization review modified this request from #90 to #30 for weaning. As of 12/10/14 the patient is Temporarily Totally Disabled for 4-6 weeks. MTUS, Benzodiazepines, page 24 states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly." The report provided for review show the patient was to change from Valium to Xanax on 11/20/14 and that this medication was refilled on 12/18/14. In this case, the patient has been prescribed this medication beyond the 4 weeks recommended by guidelines and the request for #90 does not indicate short-term use. The request IS NOT medically necessary.