MAXIMUS Federal Services

Case Number:	CM15-0033332		
Date Assigned:	02/26/2015	Date of Injury:	03/28/2011
Decision Date:	04/13/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/23/2015

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 59-year-old female, who sustained an industrial injury on March 28, 2011. She has reported cumulative trauma to the neck, back, and shoulders. Her diagnoses include myofascial pain syndrome, right lateral epicondylitis, and status post-bilateral carpal tunnel release, headaches due to occipital neuralgia and cervicogenic component, and major depressive disorder. She has been treated with home exercise program, medications including pain, topical compound creams, and anti-anxiety. On December 18, 2014, her treating physician reports neck pain that radiates to the bilateral upper extremities, with numbness and tingling in the fingers, worse on the right than the left. She has pain and muscle spasms of the left shoulder, neck, and trapezius area. There is some neck pain with radiation to the mid and lower back. She has elbow pain, also. Her current pain, proton pumps inhibitor, anti-anxiety and topical compound creams help her pain. The physical exam revealed limited cervical range of motion in all directions due to increased pain, tightness, and stiffness. There was tenderness over the bilateral optical nerves, cervical spinous processes and interspaces cervical 3-cervical 7, and bilateral cervical facet joints cervical 3-cervical 7, with positive provocation test. There were severe tightness, tenderness, and trigger points in the neck muscles. There was lateral epicondyle tenderness of the right elbow. The bilateral triceps reflexes were absent and the lateral aspect of the right brachioradialis was diminished. The sensation was mild decreased over the medial and lateral aspects of the right forearm. The right hand grit was moderately decreased and the left was mildly decreased. The thoracic spine was tender the spinous processes and interspaces and the bilateral cervical facet joints from thoracic 3-thoracic 8, with positive provocation test. There

were severe tightness, tenderness, and trigger points in the thoracic muscles. The lumbar spine was tender the spinous processes and interspaces and the bilateral cervical facet joints from lumbar 3-sacral 1, with positive provocation test. There were severe tightness, tenderness, and trigger points in the lumbar and gluteal muscles. The treatment plan includes continuing the anti-anxiety medication. On February 4, 2015, Utilization Review modified a prescription for Xanax 2mg HS (at bedtime) #30, noting the lack of support for the chronic daily use of a benzodiazepine and the lack of rationale for providing this medication. Long-term use causes increased problems with anxiety and efficacy with use past 4 weeks. Weaning to off is recommended due to the risk of dependence and should start immediately. Therefore the amount of this medication was modified to allow for weaning, which will most likely take 3 months. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2mg HS #20 to allow for weaning over 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

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

Decision rationale: The 59-year-old patient complains of neck pain that radiates to bilateral upper extremities with numbness and tingling in the fingers, as per progress report dated 12/18/14. The request is for Xanax 2 mg HS # 30. The RFA for the case is dated 01/09/15, and the patient's date of injury is 03/28/11. The patient also suffers from pain and muscle spasms in left shoulder, neck muscles and trapezius muscles, and mild low back pain, as per progress report dated 12/18/14. Medications include Norco, Prilosec, Xanax and topical compound creams. MTUS guidelines state on page 24 that benzodiazepines such as Xanax are "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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case, a prescription for Xanax was first noted in progress report dated 09/16/14, and the patient has been using the medication consistently at least since then. The treater, however, does not discuss the patient's anxiety in the available reports. Additionally, MTUS guidelines do not recommend use of Xanax for prolonged periods of time and state that most guidelines "limit use of this medication to 4 weeks." The request of # 30 exceeds the recommended time period, and is not medically necessary.