

<b>Case Number:</b>	CM15-0050517		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 58-year-old male, with a reported date of injury of 09/17/2010. The diagnoses include right cervical radiculopathy, right S1 radiculopathy, chronic myofascial pain syndrome of the cervical and thoracolumbar spine, status post surgical release of right carpal tunnel syndrome, and status post surgery to the right elbow. Treatments to date have included oral medications, trigger point injections, and cervical epidural steroid injection. The progress report dated 01/12/2015 indicates that the injured worker had frequent moderate headaches, neck pain, and intractable pain in his upper and lower back. He reported having frequent pain and numbness in his right arm and right elbow. The injured worker stated that his current medications provided greater than 70-80% improvement in both his pain and functional ability. He was taking Xanax due to frequent anxiety attacks. The injured worker noticed moderate difficulty sleeping without medications. The objective findings include slightly restricted cervical range of motion, slightly too moderate restricted thoracic and lumbar range of motion in all planes, multiple myofascial trigger points throughout the cervical muscles, slightly decreased range of motion of the right wrist and right elbow, and moderately decreased right knee range of motion. The treating physician requested Xanax for panic/anxiety attacks and a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) chapter.

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

**Decision rationale:** Xanax 0.5mg #45 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that benzodiazepines 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on Xanax longer than the recommended 4 week period (since March of 2014). The documentation does not indicate extenuating circumstances which would necessitate going against guideline recommendations. The request for Xanax is not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain Chapter, Criteria for Use of Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction and Opioids, steps to avoid misuse/addiction Page(s): 77-80 and 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Urine drug testing (UDT).

**Decision rationale:** Urine drug screen is not medically necessary per the MTUS Guidelines and the ODG. The many urine drug screens that have been performed were not performed according to the recommendations of the MTUS and other guidelines. The tests performed included many assayed drugs with no apparent relevance for this patient. The MTUS recommends random drug testing, not at office visits or regular intervals, as is occurring in this case. The ODG states that patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. The patient has had urine drug testing on 3/24/14; 5/5/14; 7/28/14; 10/20/14 and again on 1/12/15. Given the multiple urine tests, which were not addressed, the fact that drug test results are not used to alter the treatment plan, and that testing is not performed according to the guideline recommendations, the request for urine drug screen is not medically necessary.

