

<b>Case Number:</b>	CM14-0113965		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/14/2009
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 14, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; muscle relaxants; anxiolytic medications; unspecified amounts of chiropractic manipulative therapy; and intermittent drug testing. In a Utilization Review Report dated June 27, 2014, the claims administrator partially certified a request for Xanax, reportedly for weaning purposes, and denied a request for Flexeril outright. In a December 12, 2013 progress note, handwritten, difficult to follow, not entirely legible, the applicant reported multifocal low back, knee, neck, shoulder, and wrist pain. Paresthesias were also reported. The applicant was placed off of work, on total temporary disability. A prescription for Norco was endorsed. Other prescriptions were also endorsed, although these were not clearly legible. On December 20, 2013, the applicant was described as using antihypertensive medication, Norco, Xanax, Soma, and Prilosec. On January 16, 2014, the applicant was again placed off of work, on total temporary disability, while unspecified medications were renewed. In a separate prescription form of the same date, several topical compounded drugs and Norco were also renewed. On March 13, 2014, it was seemingly stated that the applicant was using Xanax twice daily for anxiety purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.25mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Alprazolam. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," in case of overwhelming symptoms, so as to afford an applicant with the opportunity to recoup emotional or physical resources, in this case, however, the applicant is seemingly using Xanax for chronic, long-term, scheduled, and twice-daily use purposes, for anxiety. This is not an ACOEM-endorsed role for the same. No rationale for selection and/or ongoing usage of Xanax in the face of ACOEM's unfavorable position on the same was proffered by the attending provider. Therefore, the request is not medically necessary.

**Flexeril 5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is recommended. In this case, the applicant is using a variety of other agents, including Norco, Soma, Xanax, Prilosec, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.