

<b>Case Number:</b>	CM14-0064162		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/28/2000
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50 year old female who sustained an industrial injury on July 28, 2000. She has reported cervical spine pain and right shoulder pain and has been diagnosed with cervical herniated nucleus pulposus, status post fusion probably psuedoarthritis at C6-7 and fused at C5-6, right shoulder impingement syndrome, status post-surgery with adhesive capsulitis and persistent posttraumatic arthritis of the acromioclavicular joint, and possible carpal tunnel syndrome of the right hand. Treatment has included surgery, medications, and injections. Currently the injured worker had tenderness, spasm, and trigger points on the right cervical region. The treatment request included Xanax, topical cream, 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:

**1 Prescription for Xanax 1mg #60: Upheld**

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

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

**Decision rationale:** The claimant is nearly 15 years status post work-related injury and is being treated for right-sided neck pain. Surgeries have included a cervical spine fusion with possible pseudoarthrosis and right shoulder surgery for impingement syndrome with adhesive capsulitis. Urine drug screening testing is documented in September 2013, February 2014, and April 2014. Medications include Tramadol. Xanax is being prescribed on a long-term basis. Xanax (Alprazolam) is a benzodiazepine, which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Gradual weaning is recommended for long-term users. Therefore, the ongoing prescribing of Xanax is not medically necessary.

**1 Prescription for Topical Cream Gabapentin, Ketoprofen, Tramadol:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1)  
Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

**Decision rationale:** The claimant is nearly 15 years status post work-related injury and is being treated for right-sided neck pain. Surgeries have included a cervical spine fusion with possible pseudoarthrosis and right shoulder surgery for impingement syndrome with adhesive capsulitis. Urine drug screening testing is documented in September 2013, February 2014, and April 2014. Medications include Tramadol. Xanax is being prescribed on a long-term basis. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Ketoprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of ketoprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. There is little to no research to support the use of compounded topical Tramadol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the requested compounded medication was not medically necessary.

**1 Urine Drug Screen:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

**Decision rationale:** The claimant is nearly 15 years status post work-related injury and is being treated for right-sided neck pain. Surgeries have included a cervical spine fusion with possible pseudoarthrosis and right shoulder surgery for impingement syndrome with adhesive capsulitis. Urine drug screening testing is documented in September 2013, February 2014, and April 2014. Medications include Tramadol. Xanax is being prescribed on a long-term basis. In terms of urine drug screening, patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous urine drug test results that would be inconsistent with the claimant's prescribed medications. She has not had testing over the previous year. Therefore, the request is medically necessary.