

<b>Case Number:</b>	CM15-0109591		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	06/22/2011
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Internal Medicine, Rheumatology

### 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 69 year old female who sustained an industrial injury on 06/22/2011. The injured worker was diagnosed with right knee sprain and left shoulder sprain. Treatment to date has included physical therapy, home exercise program, topical and oral medications. According to the primary treating physician's progress report on April 1, 2015, the injured worker continues to experience neck pain radiating down the left shoulder and right knee pain radiating to the right foot. The injured worker rates her pain level at 6/10. Examination demonstrated tenderness at the acromioclavicular joint with somewhat restricted range of motion in all planes. The injured worker's gait is noted to be antalgic with heel and toe somewhat painful on the right side. There was tenderness on the right buttock area and paravertebral muscles. Flexion of the lumbar spine was demonstrated at eight inches from the ground with decreased range of motion in extension, lateral flexion and lateral rotation. Straight leg raise was negative bilaterally. Examination further revealed a decrease in L5-S2 sensory distribution and motor strength of the left lower extremity. Knee and ankle jerks were 1+ bilaterally. The knee range of motion was unrestricted with tenderness on the medial joint line and no crepitus in the patellofemoral joint. Negative anterior and posterior drawer test, Lachman maneuver were noted. Varus and valgus testing was within normal limits. Current medications are listed as Relafen, Xanax and Omeprazole. Treatment plan consists of medication regimen, home exercise program, weight reduction and the current request for Xanax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68, 72, 73.

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

**Decision rationale:** This 69 year old female has complained of right knee, left shoulder and neck pain since date of injury 6/22/11. She has been treated with physical therapy and medications to include Xanax for at least 8 weeks duration. The current request is for Xanax. Per the MTUS guideline cited above, benzodiazepines are not recommended for long-term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. The duration of use in this patient has exceeded this time frame. On the basis of the MTUS guideline cited above, Xanax is not medically necessary in this patient.