

<b>Case Number:</b>	CM15-0111973		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	06/10/2003
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 54 year old female, who sustained an industrial injury on 6/10/03. She reported initial complaints of bilateral upper extremity pain. The injured worker was diagnosed as having bilateral wrist/hand tendinitis with carpal tunnel syndrome; bilateral shoulder strain, left shoulder impairment/flare-up; thoracolumbar strain; insomnia due to chronic pain; secondary depression due to chronic pain; intermittent gastric upset due to medication; history of GI bleed. Treatment to date has included status post bilateral carpal tunnel repair. Currently, the PR-2 notes dated 3/10/15 indicated the injured worker complains of bilateral wrist/hand pain; bilateral shoulder pain with the left significantly increased over the last several months; mid and low back pain; insomnia due to pain; depression (resolved); stomach upset due to pain medications has improved; and a history of gastrointestinal bleed in the past with mention to avoid NSAIDs. Physical examination notes the injured worker is hypertensive (166/109) and not a normal trend. Her gait is mildly slow due to mid and low back pain. The shoulder examination revealed mild to slight tenderness of the acromioclavicular joints bilaterally. Impingement is positive on the left side and negative on the right. The lumbar spine notes slight lower lumbar muscle tenderness and muscle spasm. The thoracic spine is slight to moderate tenderness and spasm in the interscapular parathoracic muscles. Range of motion of hands and wrists is normal bilaterally but the injured worker complained of pain. There is tenderness over the volar aspect of the wrists and dorsum of the hands. She has surgical scars from previous bilateral carpal tunnel release surgeries. Tinel's on bilateral wrists is negative. Phalen's sign is positive bilaterally at 30 seconds, producing numbness to the third, fourth and fifth digits bilaterally and more prominent on the right than the left. The provider is requesting authorization of Xanax 0.5mg BID #60 for anxiety due to chronic pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg BID #60:** Upheld

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

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 0.5mg bid #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are bilateral wrist and hand tendinitis bilateral carpal tunnel syndrome; bilateral shoulder strain; thoracolumbar strain; insomnia due to chronic pain; secondary depression due to chronic pain; and intermittent gastrointestinal upset due to use of pain medications. The date of injury is June 10, 2003. The medical record contains 37 pages. The request for authorization is May 12, 2015. The utilization review states Xanax has been used as far back as 2007. The earliest progress note documentation with Xanax dates back to November 10, 2014. Utilization review states Xanax 0.5 mg #60 was last dispensed on September 2, 2014, but since that time the TMESYS report does not list alprazolam (Xanax) is an active medication. There is no documentation of anxiety in the medical record. There is no clinical indication for ongoing Xanax in the medical record. Additional medications include fentanyl 100 g q 72 hours, Norco 10 mg every four hours, Soma 350 mg every eight hours and Xanax 0.5 mg bid PRN. The most recent progress note is May 5, 2015. As noted above, there is no clinical indication (anxiety) documented in the medical record. There is no documentation demonstrating objective functional improvement. The guidelines do not recommend the Xanax 0.5mg for long-term use (longer than two weeks). The treating provider has prescribed Xanax for several years according to the utilization review and in excess of six months porting to the documentation in the medical record. In either case, the provider exceeded the recommended guidelines. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Xanax 0.5mg bid #60 is not medically necessary.