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| <b>Case Number:</b>   | CM15-0119233 |                              |            |
| <b>Date Assigned:</b> | 06/29/2015   | <b>Date of Injury:</b>       | 01/27/2011 |
| <b>Decision Date:</b> | 07/28/2015   | <b>UR Denial Date:</b>       | 06/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/19/2015 |

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 (IW) is a 32-year-old female who sustained an industrial injury on 01/27/2011. Diagnoses include causalgia of upper limb; brachial plexus lesions, long thoracic neuropathy; cervical disc degeneration; adhesive capsulitis; and ulnar nerve lesion. Diagnoses from her initial visit with behavioral medicine were somatic symptom disorder; major depressive disorder, recurrent episode, severe; and generalized anxiety disorder. Treatment to date has included medications, stellate ganglion nerve blocks, psychiatric and psychological care, physical therapy, shoulder injections, massage, acupuncture and TENS unit. She had a successful spinal cord stimulator trial. Her Beck Anxiety Inventory score was 33 and Depression Inventory score was 30 on 2/9/15. Multiple MRIs were done of the neck and the right shoulder. According to the progress notes dated 5/22/15, the IW reported having no use of the right arm due to severe right shoulder pain. She admitted to not taking medications as prescribed; she was taking Opana and extra Xanax. She was having medication authorizations denied by the insurance company. On examination, she appeared depressed and showed signs of intoxication or withdrawal; she was sweaty, anxious and restless. There was tenderness over the right shoulder joint areas and over the entire shoulder girdle muscles anteriorly and posteriorly. There was deformity of the shoulder joint with the humeral head placed anteriorly and swelling of the shoulder and neck; it was displaced. Relocation of the humeral head was performed. Range of motion of the right shoulder was very restricted and attempts to range the shoulder resulted in subluxation. There was weakness in the trapezius muscles and the IR/ER; pain was too severe to test flexion.

Sensory and reflex testing was within normal limits. A request was made for Xanax 1 mg, #150 to help with medication withdrawal symptoms.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Xanax 1 mg Qty 150:** Upheld

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

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

**Decision rationale:** MTUS and ODG states that benzodiazepine (i.e. Lorazepam) is "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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG further states regarding Lorazepam "Not recommended." Medical records indicate that the patient has been on Xanax far exceeding MTUS recommendations. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. As such, the request for Xanax 1 mg Qty 150 is not medical necessary.