

<b>Case Number:</b>	CM15-0170333		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	07/01/2014
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 28-year-old who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of July 1, 2014. In a Utilization Review report dated August 3, 2015, the claims administrator failed to approve requests for a pain management follow up office visit and Xanax. The claims administrator did, however, approve Norco and Neurontin. The claims administrator referenced a July 7, 2015 date of service in its determination. Non-MTUS Chapter 7 ACOEM Guidelines were invoked in the decision to deny the pain management office visit and were, furthermore, mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. On an RFA form dated July 7, 2015, authorization for oral medications including Norco, Xanax, and Neurontin was sought, along with the follow up office visit at issue. Electrodiagnostic testing of bilateral lower extremities and acupuncture were also sought. On August 27, 2015, the applicant reported ongoing complaints of neck, low back, and shoulder pain, 6/10. The applicant was placed off of work, on total temporary disability. Norco, Xanax, and Neurontin were renewed. It was not stated for what purpose Xanax had been employed. In an earlier note dated May 11, 2015, the applicant reported ongoing complaints of neck, shoulder, and low back pain with associated upper and lower extremity paresthesias. Electrodiagnostic testing of the bilateral lower extremities, Norco, Xanax, and Neurontin were sought, while the applicant was kept off of work, on total temporary disability.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Pain management office visit - Follow up, left shoulder only QTY: 1.00: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational medicine practice guidelines, 2nd edition, 2004, chapter 7, page 127 regarding independent medical examinations and consultations.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** Yes, the request for pain management follow up office visit is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow up visits are "often warranted" even in those applicants whose conditions are not expected to change appreciably from week to week or visit to visit. Here, the applicant was off of work, on total temporary disability, it was acknowledged on multiple 2015 progress notes, referenced above. The applicant was using a variety of analgesic and adjuvant medications to include opioids such as Norco and benzodiazepines such as Xanax. Obtaining a follow up visit, thus, was indicated on several levels, including for disability management and/or medication management purposes. Therefore, the request is medically necessary.

### **Xanax 1mg QTY: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** Conversely, the request for Xanax, a benzodiazepine agent, is not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Xanax are not recommended for chronic or long-term use purposes whether employed for anxiolytic effect, sedative effect, hypnotic effect, or antispasmodic effect, with most guidelines limiting usage of the same to four weeks. Here, however, the applicant had been using Xanax for a minimum of several months as of the date of the request, July 7, 2015. Therefore, the request is not medically necessary.