

<b>Case Number:</b>	CM15-0067841		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	05/16/2008
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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

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 injured worker is a 48-year-old female, with a reported date of injury of 05/16/2008. The diagnoses include lumbosacral spine sprain/strain, sciatica, sacroiliac joint sprain/strain, cervical degenerative disc disease, spondylosis, lumbar radiculopathy, cervical radiculopathy, and right lateral epicondylitis. Treatments to date have included Lidoderm patch; Norco; Motrin; a walker; a walking cane; x-rays of the cervical spine, bilateral shoulders, lumbar spine, right elbow, and bilateral feet/ankles; MRI scans of the left foot/ankle, cervical spine, lumbar spine, and right elbow; and electrodiagnostic studies of the bilateral lower extremities. The medical report dated 02/26/2015 indicates that the injured worker complained of back pain, and neck pain. The objective findings include a mild antalgic gait and use of a walker. No other physical examination findings were documented. The treating physician requested Lidoderm patches with five refills and Xanax 0.5mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg, #90:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 24.

**Decision rationale:** Xanax (alprazolam) is a benzodiazepine medication used to treat anxiety and panic disorders. The MTUS states that benzodiazepines are 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. Patient has been taking Xanax for at least as far back as 24 months. Xanax 0.5mg, #90 is not medically necessary.

**Lidoderm patches 5%, #30 with 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 56.

**Decision rationale:** According to the MTUS, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical record has no documentation that the patient has undergone a trial of first-line therapy. Lidoderm patches 5%, #30 with 5 refills is not medically necessary.