

<b>Case Number:</b>	CM15-0079899		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	03/01/2011
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Physical Medicine & Rehabilitation

### 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 50 year old female, who sustained an industrial injury on March 1, 2011. The injured worker was diagnosed as having carpal tunnel syndrome, shoulder impingement, wrist tendinitis/bursitis, and lesion of the ulnar nerve, elbow tendinitis/bursitis, and trigger finger. Treatment to date has included right shoulder surgery, physical therapy, and medication. Currently, the injured worker complains of right shoulder pain. The Treating Physician's report dated March 2, 2015, noted the injured worker was undergoing post-surgical therapy with some improvement in her pain and range of motion (ROM). The injured worker was noted to have limited external rotation and abduction, and weakness in the right deltoid graded 4/5. The treatment plan was noted to include request for authorization for Norco, Gabapentin, and Xanax, as the injured worker had been taking the medications with improvement in her symptoms. The injured worker was noted to be on temporary total disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Xanax 0.25mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Alprazolam (Xanax).

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

**Decision rationale:** The patient presents with right shoulder pain. The request is for 60 Xanax 0.25mg. The request for authorization is not provided. The patient is status-post right shoulder revision surgery, 10/2014. She is undergoing therapy now with some improvement in her pain and range of motion. The patient has been taking the medications with improvement in her symptoms. She reports significant improvement in the pain and paresthesias radiating into the upper extremities. Patient's medications include Norco, Gabapentin and Xanax. Per progress report dated 04/13/15, the patient is returned to modified work. MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Most guidelines limit use to 4 weeks. Per progress report dated 12/22/14, treater's reason for the request is "on an as-needed basis for anxiety." MTUS only recommends short-term use (no more than 4 weeks) for benzodiazepines. However, patient has been prescribed Xanax since at least 12/22/14. Furthermore, the request for an additional 60 quantity of Xanax does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.