

<b>Case Number:</b>	CM14-0140582		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/19/2003
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 69 year old male who was injured on 06/19/2003. The mechanism of injury is unknown. The patient underwent bilateral shoulder arthroscopy, right on 03/04/2009 and left on 08/11/2009. Toxicology report dated 01/17/2014 detected Hydrocodone, Hydromorphone, Oxycodone, Oxymorphone, and Acetaminophen. Ortho note dated 07/18/2014 indicates the patient presented with complaints of right sided low back pain with numbness and rated his pain as a 7/10. He was taking Xanax 0.5 mg, Oxycodone Hcl 10 mg, and Oxycontin 40 mg. On exam, he has tenderness to palpation of the paracervical muscles bilaterally and trapezius musculature bilaterally. Motor strength is 5/5 in all planes. The patient is diagnosed with right shoulder impingement, left shoulder degenerative joint disease, cervical radiculopathy and lumbar radiculopathy. The patient was prescribed Xanax, Oxycontin and Percocet. He was referred for pain management consultation and recommended for a urine drug screen to verify medication compliance. Prior utilization review dated 08/02/2014 states the request for Xanax 5mg #60 is denied as it is not recommended for long term use; 1 consultation with a long term pain management specialist is denied as it is not indicated in evidence submitted; and 1 urine drug screen is not certified as it is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**XANAX 5MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES.

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

**Decision rationale:** Per guidelines, Xanax (Alprazolam) is not recommended for long-term use. Alprazolam, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression. According to the guidelines, 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. Furthermore, if a diagnosis of an anxiety disorder exists, a more appropriate treatment would be an antidepressant. The medical records do not reveal a clinical rationale that establishes Alprazolam is appropriate and medically necessary for this patient. There is no documentation of any significant benefit with chronic use. Thus, the request is not medically necessary.

#### **1 CONSULTATION WITH A LONG TERM PAIN MANAGEMENT SPECIALIST:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations And Consultations, page(s) 503

**Decision rationale:** As per CA MTUS/ACOEM guidelines, "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Further guidelines indicate consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In this case, there is no mention of any specific reason for pain management consultation in the medical records. Thus, the request is considered not medically necessary.

#### **1 URINE DRUG SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Testing (UDT)

**Decision rationale:** As per CA MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. As per ODG, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, this injured worker had prior urine drug screen done on 1/17/14. There is no documentation of non-compliance or any addiction / aberrant behavior. Thus, the request for repeat urine drug screen sooner than one year is not medically necessary.