

Case Number:	CM13-0042791		
Date Assigned:	12/27/2013	Date of Injury:	04/25/2000
Decision Date:	04/28/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/18/2013

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 & Rehabilitation has a subspecialty in Interventional Spine 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 reported a date of injury of 04/25/2000. According to the progress report dated 08/15/2013 by [REDACTED], the patient complains of pain to the bilateral finger tips, hands, bilateral upper extremities, and bilateral shoulders. The patient rates her pain 7-8/10. She also reports complete numbness to the bilateral hands including all 5 digits. The physical exam shows pain upon palpation to the dorsum of the thumbs. Impingement test is positive on the right shoulder. Her list of medications include: Voltaren gel, Celexa, Lisinopril, Lantus, Nuvolog, Adderall, and Oxybutin. The physician is requesting refill for Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF XANAX 1MG #90: 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 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines.

Decision rationale: This patient presents with bilateral upper extremity and bilateral shoulder pain. The physician is requesting a refill for Xanax for anxiety due to chronic pain. The utilization review dated 09/12/2013 denied the requesting stating, "Per the documentation, the patient has been using this medication for much longer than four weeks and has not demonstrated any appreciable benefit from it." The MTUS guidelines p24 for benzodiazepine states, "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." The review of records from 06/13/2013 to 12/12/2013 show that the patient has been taking Xanax since 06/13/2013. In this case, MTUS does not support the use of benzodiazepines for more than 4 weeks in chronic pain patients. Therefore, recommendation is for denial.