

Case Number:	CM13-0048257		
Date Assigned:	12/27/2013	Date of Injury:	03/21/2005
Decision Date:	02/28/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York and Tennessee. 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 physician 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 61-year-old female who was injured on March 21, 2005 when she fell in a classroom at work. The patient complained of continuing bilateral knee pain, neck pain, and right shoulder pain. The patient was status post right shoulder arthroscopic subacromial decompression, partial distal claviclectomy, and rotator cuff repair and right knee partial medial and lateral meniscectomy with posttraumatic arthrosis of the medial compartment. Diagnoses included insomnia, left knee medial meniscus tear, cervical sprain, strain, and lumbar spine degenerative disc disease. Treatments included physical therapy, acupuncture, steroid injections, and medications. Requests for authorization for Xanax 1 mg # 60 and urine drug screen were submitted on September 18, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective prescription of Xanax 1mg, # 60 between 9/18/2013 and 9/18/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia Treatment.

Decision rationale: Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Benzodiazepines may be used for treatment of insomnia. FDA-approved benzodiazepines for sleep maintenance insomnia include estazolam (ProSom®), flurazepam (Dalmane®), quazepam (Doral®), and temazepam (Restoril®). Triazolam (Halcion®) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). In this case the patient was prescribed Xanax, a medication that is not FDA approved for insomnia treatment. The patient had been using Xanax for sleep since at least June 26, 2013. There is no documentation that it was effective in treating her difficulty sleeping. Furthermore, the duration of treatment surpassed short-term use. Medical necessity has not been established and risk of dependency increases with long-term use.

Retrospective request urine drug screen between 9/18/2013 and 9/18/2013: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case the patient had undergone urine drug screening at least 4 times in the year prior to the request. She did not exhibit behaviors that would place her at moderate or high risk for misuse or addiction. Annual testing is sufficient and urine drug screening is not medically necessary at this time.