

Case Number:	CM13-0052882		
Date Assigned:	12/30/2013	Date of Injury:	11/28/2011
Decision Date:	03/12/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 55-year-old injured worker who reported an injury on 11/28/2011 due to lifting a heavy object that reportedly caused injury to the patient's neck, bilateral shoulders, and low back. The patient was treated conservatively with medications, physical therapy, epidural steroid injections, shock wave therapy and psychiatric support. Medications included Xanax 0.5 mg, Gabapentin 300 mg, Naproxen 550 mg. The patient's most recent physical examination revealed the patient had continued pain complaints rated at an 8/10 that was reduced to a 5/10 to 6/10 with medication usage. Physical examination findings revealed restricted range of motion of the lumbar and cervical spine secondary to pain with continued depressive symptoms. Patient's diagnoses included a cervical sprain/strain, lumbar stenosis, left rotator cuff tear, and status post right shoulder surgery. The patient's treatment plan included continued medication usage, physical therapy and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Xanax 0.5mg, #60: Upheld

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

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines, recommends the continued use of medications in the management of a patient's chronic pain be supported by significant functional benefit and symptom response. The patient's most recent clinical examination does not provide any evidence of functional benefit or symptom relief as a result of the continued use of this medication. Additionally, the California MTUS does not recommend the long term use of benzodiazepines as there is a significant risk for physical and psychological dependence. As the patient has already been on this medication for an extended duration of time continued use would not be supported. The request for one (1) prescription of Xanax 0.5mg #60 is not medically necessary and appropriate