

Case Number:	CM13-0063002		
Date Assigned:	12/30/2013	Date of Injury:	04/27/2005
Decision Date:	04/18/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/09/2013

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 Internal Medicine, 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 47-year-old female who reported an injury on 04/27/2005. The patient has had ongoing subjective complaints of neck pain which has referred into the bilateral shoulders and upper extremities, as well as into the wrists and into the fingers. The patient has had complaints of numbness and tingling in her hands and wrist pain with pain rated as a 4/10 with medications and a 10/10 without. The patient stated that, without the pain medications, she would be unable to get out of bed, and was also noted to have a psychiatric QME, whereupon she was diagnosed with depression due to her industrial injury. The patient was most recently seen on 11/19/2013, whereupon the patient was noted to have a positive Spurling's test on the right and left and positive bilateral Hawkins', drop arm, and impingement signs, with flexion of the bilateral elbows symmetrical with flexion of 135 degrees, extension 0 degrees, and supination and pronation both at 90 degrees. The patient also had bilateral positive Tinel's sign at the median nerve, as well as the ulnar nerve, Phalen's sign, and Finkelstein's test.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF XANAX: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic Pain Medical Treatment Guidelines, May 2009.

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

Decision rationale: According to the MTUS Chronic Pain 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 the use to 4 weeks. The documentation has indicated the patient has utilized this medication since at least 2012. Not only has the documentation failed to indicate that the medication has been effective in treating the patient, it was noted in a previous utilization review that this medication should have already been tapered and discontinued. Furthermore, the physician has not indicated the milligrams or number of tablets to be dispensed to the patient. Therefore, due to the non-recommendation for long term use under the MTUS Chronic Pain Guidelines, and without having sufficient documentation that the medication has been effective, as well as the lack of completed prescription, the request is not medically necessary and appropriate.