

Case Number:	CM13-0071877		
Date Assigned:	01/29/2014	Date of Injury:	10/20/1997
Decision Date:	07/02/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/30/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 60-year-old male who has submitted a claim for cervical sprain, midback sprain, impingement syndrome bilateral shoulders, epicondylitis right, and carpal tunnel syndrome right; associated from an industrial injury date of 10/27/1997. Medical records from 05/29/2013 to 02/25/2014 were reviewed and showed that patient complained of shoulder pain with associated numbness along the hand. He describes the pain as gripping, grasping, and torqueing. Physical examination showed tenderness along the right shoulder. Impingement sign was positive. He could not raise his left arm. Abduction was no more than 90 degrees on the left and 120 degrees on the right. There was weakness to resisted function. Treatment to date has included Lyrica, Xanax, Percocet, Protonix, Terocin patch, Dilaudid, OxyContin, Prilosec, docusate sodium, Flexeril, TENS, physical therapy, and total elbow arthroplasty and triceps reconstruction (07/15/2013). The medical records submitted for review did not include the utilization review regarding Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 2 MG #90, TO ALLOW FOR WEANING: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Benzodiazepines Page(s): 24.

Decision rationale: As stated on page 24 of the CA MTUS Chronic Pain Medical Treatment 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to their effects develops with long-term use. Long-term use may actually increase anxiety. In this case, patient has been prescribed Xanax since August 2013. Guidelines do not support its long-term use. Therefore, the request for XANAX 2 MG #90, TO ALLOW FOR WEANING is not medically necessary.