

Case Number:	CM14-0102673		
Date Assigned:	07/30/2014	Date of Injury:	01/09/1998
Decision Date:	10/02/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/02/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic upper extremity pain and reflex sympathetic dystrophy of the upper extremities reportedly associated with an industrial injury of January 9, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; anxiolytic medications; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 6, 2014, the claims administrator denied a request for Xanax. A variety of non-MTUS guidelines were invoked, none of which were incorporated into the report rationale. The applicant's attorney subsequently appealed. In a June 16, 2014 progress note, the applicant reported persistent complaints of bilateral upper extremity, low back, and neck pain. The applicant stated that she was stable on her current medication regimen for a span of several months. The applicant was described as "unable to work," reported 8/10 pain, and was using a cane to move about. The applicant was having difficulty performing activities of daily living owing to pain complaints, it was stated. The applicant was on Flexeril, carisoprodol, Cymbalta, Lunesta, Xanax, Flector, Dilaudid, Norco, and Duragesic, it was acknowledged. Multiple medications were refilled. The applicant was not working, it was reiterated. In a medical-legal evaluation dated June 14, 2011, the applicant was described as not working. The applicant was using Duragesic, Norco, Soma, Dilaudid, Cymbalta, Flexeril, Xanax, Flector, and various vitamins as of that point in time, it was stated. The applicant was using Xanax at a rate of thrice daily, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg #60 1 tablet twice a day as needed, outpatient, for chronic upper extremity pain and RSD of the upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Drug Formulary Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition. McGraw Hill

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines topic. Page(s): 24. Decision based on Non-MTUS Citation MTUS 9792.20f.

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Xanax are not recommended for chronic or long-term use purposes, including for the muscle relaxant/antispasmodic effect for which Xanax is seemingly being employed here. It is further noted that the applicant has seemingly been using Xanax for quite some time, despite the unfavorable MTUS position on the same and has failed to demonstrate any lasting benefit or functional improvement through the same. The applicant remains off of work. The applicant remains highly reliant and highly dependent on numerous opioid agents, including Duragesic, Dilaudid, Norco, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Xanax. Therefore, the request is not medically necessary.