

Case Number:	CM14-0157100		
Date Assigned:	09/30/2014	Date of Injury:	03/10/2012
Decision Date:	10/28/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/25/2014

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:

According to the provided documents, this claimant is a 59-year-old woman with a date of injury of 3/10/12. The disputed treatment request is for Xanax 1 mg #40 addressed by the utilization review determination letter of 8/26/14. Mechanism of injury was that the patient was packing boxes and she pulled a box which got stuck on the packing conveyor belt and she developed pain in the right shoulder immediately. She was diagnosed with an acute right shoulder strain and was treated conservatively. The patient had MRIs of the neck and shoulder. The MRI of the shoulder showed a complete tear of the supraspinatus tendon. She had an open right shoulder surgery on 7/27/12 and had postoperative PT. But she got worse and developed a complex regional pain syndrome as well as adhesive capsulitis. There are also cervical spine complaints with the disk herniation C5 and 6, there are complaints of anxiety and insomnia. There are complaints of left shoulder pain which is attributed to overuse. There is a 2/22/14 AME report that includes a review of medical records with multiple citations from the current treating and prescribing orthopedist. This includes citation of the 6/18/13 permanent and stationary report that included medications Tylenol #4, Prilosec 20mg, Naproxen 550mg and Xanax 1mg. There is no mention of the diagnosis for which Xanax was being prescribed or the instructions for use. A 5/6/14 orthopedic reevaluation states that the patient was having severe neck pain and severe right shoulder pain. The patient had stopped all of her pain pills because she was having trouble with her stomach with the Norco. The patient was using only one Prilosec a day and was to use the topical creams. The Xanax was not mentioned. She was not working and was on Social Security. That report indicates the medications were switched to Tramadol 150 mg #60, Gabapentin 300 mg twice a day #60, Prilosec was increased to twice a day #90. There is no mention of a prescription of Xanax. The 8/5/14 orthopedic report again documented severe neck and right shoulder pain with moderate left shoulder pain developing. Objective findings stated

that the patient was in severe pain, in regards to the right shoulder there was almost no motion at all. She holds it very protectively. Diagnosis was complete rotator cuff tear and arthrosis of the AC joint, cervical spine disc herniation C5-6, anxiety, insomnia, rotator cuff repair and subacromial decompression on 7/27/12, possible complex regional pain syndrome right upper extremity, postoperative adhesive capsulitis, and left shoulder overuse pain. The patient was given Gabapentin 300 mg #60, Naprosyn 550 mg twice a day, Prilosec 20 mg #90 and Xanax 1 mg #60 for sleep. Patient was put back on the Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) insomnia and insomnia treatment

Decision rationale: This is also known as Alprazolam. It is a short acting benzodiazepine. MTUS chronic pain guidelines do not recommend chronic use of this class of medication and recommend limiting use to 4 weeks. Guides note risk of dependence. Range of action note includes sedative/ hypnotic properties which is why the requesting report said it is being prescribed. Guidelines note that the tolerance to the hypnotic effect develops rapidly. How often or how frequently this patient actually uses this medication is completely unclear from the provided documents. She was prescribed it at least as long ago as 6/18/13; use may or may not be chronic. But the report does say that this is being used for sleep and the patient has a diagnosis of insomnia. There is no mention as to whether or not the patient gets any restful sleep with use of the Xanax. MTUS guidelines do not discuss treatment of insomnia. ODG discusses that some benzodiazepines are FDA approved for sleep maintenance and insomnia but does not include Xanax among those. Therefore, based upon the evidence and the guidelines, the Xanax is not considered to be medically necessary.