

Case Number:	CM14-0171795		
Date Assigned:	10/23/2014	Date of Injury:	05/15/1987
Decision Date:	11/25/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/17/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 71-year-old female with an injury date of 05/15/1987. Based on the 07/22/2014 progress report, the patient has pain in her jaw and has problems sleeping. She describes her pain as a 10/10 without medications and a 7-8/10 with medications. She is tender to touch on the right cheek and has a limited range of motion of her mouth and jaw. The 08/21/2014 report indicates that the patient also has spasms in her jaw and chest due to extensive work on jaw. She had joint replacement and implants for teeth on 09/16/2014 and currently rates her pain as a 10/10 because she has no pain medications. She is taking Ambien for insomnia, Soma for spasms, and Xanax for anxiety due to pain. The patient's diagnoses include the following: 1. Unspecified myalgia, myositis. 2. Reflex sympathetic dystrophy. The utilization review determination being challenged is dated 10/01/2014. Treatment reports were provided from 07/31/2013 - 09/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax Tablets 1 Mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66.

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

Decision rationale: According to the 09/23/2014 progress report, the patient complains of having pain in her jaws due to her recent joint replacement and implant surgery. The request is for Xanax tablet 1 mg #120. The patient has been taking Xanax as early as 07/31/2013. The patient takes Xanax for anxiety due to pain. MTUS Guidelines page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Most guidelines limit use to 4 weeks." In this case, the patient has been taking Xanax for over a year which exceeds MTUS Guidelines. Therefore, this request is not medically necessary.