

Case Number:	CM14-0024988		
Date Assigned:	06/11/2014	Date of Injury:	09/11/2009
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/27/2014

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 and Rehabilitation 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 injured worker is a 64-year-old male who reported an injury on 09/11/2009. The mechanism of injury was not provided. The clinical note dated 01/17/2014 noted the injured worker presented with complaints of ongoing neck, upper back, bilateral arm, and shoulder pain. The injured worker also complained of insomnia as a result of pain. Upon examination, there was tenderness in both cervical and thoracic musculature without myospasms, and tenderness in the bilateral shoulders. Treatment included medications. The diagnoses were right shoulder sprain/strain, right shoulder impingement, status post surgical repair of right rotator cuff shoulder x2, and right dominant shoulder degenerative joint disease. The provider recommended Xanax 0.5 mg with a quantity of 30 as a replacement for Temazepam, and office visit followup 4 to 6 weeks. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 0.5 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazapines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 01/07/14).

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

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The injured worker has been prescribed Temazepam and stated that it did not help to induce sleep. Previous use of benzodiazepines has failed to improve the injured worker's sleep. There was not an adequate assessment of the injured worker's insomnia symptoms, to include sleep onset, maintenance, quality of sleep, or next day functioning. There were no documented symptoms or diagnosis of insomnia for the injured worker. The provider's rationale was not provided. The frequency of the medication was not provided in the request. As such, the request is not medically necessary.

FOLLOW-UP OFFICE VISIT FOUR TO SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visit.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The injured worker has been prescribed Temazepam and stated that it did not help to induce sleep. Previous use of benzodiazepines has failed to improve the injured worker's sleep. There was not an adequate assessment of the injured worker's insomnia symptoms, to include sleep onset, maintenance, quality of sleep, or next day functioning. There were no documented symptoms or diagnosis of insomnia for the injured worker. The provider's rationale was not provided. The frequency of the medication was not provided in the request. As such, the request is not medically necessary.