

Case Number:	CM14-0025485		
Date Assigned:	06/11/2014	Date of Injury:	11/03/2013
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
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 & Rehabilitation has a subspecialty in Pain 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 injured worker is a 48 year old female who reported an injury on 11/03/2013 due to cumulative trauma. On 02/05/2014 she reported pain in the neck, left shoulder and low back. Physical examination revealed decreased lordosis in the cervical spine along with tightness, spasm, positive spurling's test bilaterally, positive impingement test of the left shoulder and decreased lordosis of the lumbar spine, tenderness over lumbar paraspinal musculature, and positive straight leg rise. An MRI of the left shoulder, cervical and lumbar spine performed on 02/05/2014 revealed supraspinatus tendinosis and osteoarthropathy of the acromioclavicular joint in the left shoulder, early disc desiccation noted at C2-3 to C6-7 levels, Diffuse disc protrusion at C3-4, focal disc protrusion at C5-6, disc desiccation throughout lumbar spine, hemangioma at L2, and a few fibroids noted. Her diagnoses included cervical spine strain/sprain, lumbar spine strain/sprain, mid back strain/sprain, left shoulder strain/sprain, and symptoms of anxiety and depression. Medications included Anaprox, Prilosec, Ultram, Xanax, Norco, Zanaflex and Ambien. The treatment plan was for Xanax one tablet by mouth twice a day for anxiety #60. The request for authorization was not provided. The rationale was to treat anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX, TAKE 1 TABLET PO BID FOR ANXIETY #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES Page(s): 24.

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

Decision rationale: The injured worker was noted to have symptoms of anxiety and depression. California MTUS guidelines state that benzodiazepines, such as Xanax, 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. A more appropriate treatment for anxiety is an antidepressant. In a note dated 04/02/2014, the injured worker was noted to have a prescription refill of Xanax. It is unspecified how long she has been using the medication. The documentation provided lacks the necessary information to warrant the request. Therefore, the request for Xanax, take 1 tablet PO BID for anxiety #60 is not medically necessary.