

Case Number:	CM14-0061646		
Date Assigned:	07/09/2014	Date of Injury:	01/13/2014
Decision Date:	09/16/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/02/2014

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 Internal 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 patient is a 38 year old male who was injured on 01/13/2014 when he slipped and fell. The patient underwent arthroscopic repair of the rotator cuff with three magnum suture anchors, left shoulder; arthroscopic subacromial decompression left shoulder; partial distal claviclectomy left shoulder; placement of the pain pump, left shoulder; on 06/13/2014. Prior treatment history has included injection into the glenohumeral joint; Norco, Prilosec, and Valium. Diagnostic studies reviewed include MRI of the right shoulder dated 01/21/2014 revealed focal moderately severe supraspinatus tendinosis or strain with surface fraying but no discrete or through and through tear; no evidence for labral tear or biceps tear. MRI of the cervical spine dated 01/21/2014 revealed fusion of the facets at C5-C6 bilaterally. Borderline central stenosis at C3-4 and C4-5 due to bulging; moderate left foraminal narrowing at C7-T1 due to a combination of unciniate hypertrophy and costovertebral junction degenerative change. Toxicology report dated 04/03/2014 revealed positive results for aminoclonazepam. On note dated 04/03/2014, the patient is noted to complain of severe pain in the back of the neck rated as 10/10 with numbness and tingling; sharp to severe pain in the left shoulder rated as 7/10 with numbness and tingling; sharp pain in the lower back rated as 6-7/10; and also complains of depression, insomnia and anxiety. Progress report dated 06/12/2014 states the the patient presented with severe left shoulder pain, severe neck pain on the left side, and moderate to severe low back pain. On exam, the patient has tenderness noted over the shoulder laterally at the insertion of the supraspinatus and infraspinatus area. He has no active motion of his left shoulder. His flexion has no power as well. Neurocirculatory status is intact. There is tenderness to palpation over the left side of the neck. The patient is diagnosed with left shoulder acute complete rotator cuff tear; cervical sprain/strain; anxiety and depression as well as stress; and insomnia. He has been recommended

to continue Xanax. Prior utilization review dated 04/18/2014 states the request for Xanax 1 mg #60 is denied as long-term efficacy is unproven and there is a risk of dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines.

Decision rationale: The guidelines do not recommend benzodiazepines for long-term or chronic use. Benzodiazepines have a high rate of substance abuse, dependence, and significant other side effects. They are only approved for short-term use when specific criteria are met. The clinical documents did not provide justification to continue Xanax chronically. There are other classes of medications approved to treat chronic depression and anxiety on a long-term basis. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.