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| Case Number: | CM14-0076496 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 10/23/2013 |
| Decision Date: | 09/23/2014 | UR Denial Date: | 05/09/2014 |
| Priority: | Standard | Application Received: | 05/27/2014 |

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 39 year old male who reported an injury on 10/23/2012 which occurred when he was opening a refrigerator door which swung open because of strong wind causing his left shoulder to swing backward. His diagnoses include left shoulder sprain/strain, brachial plexus stretch injury, C5-C6 herniated nucleus pulposus with radiculopathy, upper and lower back sprain/strain, anxiety and insomnia. His past treatments included cervical and lumbar spine surgery and medications. His diagnostic studies include electromyography/nerve conduction study of bilateral upper extremities on 01/22/2014; a cervical spine MRI on 02/17/2014; and a lumbar spine MRI on 01/24/2014. On 02/18/2014, the injured worker complained pain in his neck, left shoulder, mid back, and low back. The physical exam revealed decreased range of motion of the cervical and lumbar spine and decreased grip strength on the left. His medications included a Medrol Dosepak, Xanax 1mg, Naproxen, methocarbamol, and Norco. The treatment plan was to continue with medications. The request for authorization was submitted and signed on 02/18/2014.

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 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines 18th edition, 2013 updates, Pain Chapter.

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

Decision rationale: The request for Xanax 1mg #60 is not medically necessary. The California MTUS Chronic Pain Guidelines do not recommend the long-term use of benzodiazepines, usually over 4 weeks, because long-term efficacy is unproven and there is a risk of dependence. The 02/18/2014 clinical note indicated that the injured worker was to continue use of Xanax. However, the documentation failed to show details regarding the duration of use of this medication. As the guidelines only recommend use up to 4 weeks, the duration of use is needed to establish appropriateness of this request. Additionally, the request, as submitted, did not specify a frequency of use. As such, the request for Xanax 1mg #60 is not medically necessary.