

Case Number:	CM14-0087815		
Date Assigned:	07/28/2014	Date of Injury:	02/17/1997
Decision Date:	12/04/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/11/2014

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 Family Medicine, and is licensed to practice in New Jersey and New York. 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 61 year-old male who was injured on 2/17/97 when he fell off a ladder. He complained of right shoulder pain and weakness. An MRI showed degenerative changes of the acromioclavicular joint and chronic tendonitis. He was diagnosed with right shoulder pain, right impingement, and right rotator cuff tear. He had right rotator cuff repair with residual discomfort. He had also suffered prior cervical injuries, surgeries, with resultant chronic cervical radiculopathy. He had lower back pain with lumbar laminectomy in 2013. Because of his chronic pain, the patient suffered from depression and anxiety. He was diagnosed with anxiety disorder. His medications have included Abilify, Xanax, Dextrostat, Halcion, Lyrica, Wellbutrin and Lamictal. The current request is for continued use of Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20, 24, 27.

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

Decision rationale: The request for Xanax is not medically necessary. Xanax is a benzodiazepine, which is not recommended for long-term use because of lack of evidence. They are used as sedative/hypnotics, anxiolytics, anticonvulsants, and muscle relaxants. There is a risk of physical and psychological dependence and addiction to this class. Guidelines limit the use to four weeks. The patient is currently on Wellbutrin and Lamictal for management of his depression and anxiety due to his constant shoulder pain. According to MTUS, continued use of antidepressants is an appropriate treatment for anxiety disorders. Therefore, the request is considered not medically necessary.