

Case Number:	CM15-0009272		
Date Assigned:	01/27/2015	Date of Injury:	03/22/2012
Decision Date:	04/03/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51 year old female, who sustained a work/ industrial injury with a fall on 3/22/12. She has reported symptoms of pain, numbness, tingling, hypersensitivity to the mid foot and first web space, dorsally, and having difficulty ambulating. The diagnoses included: cervical radiculopathy, cervical facet syndrome, right shoulder impingement, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, right sacroiliac facet arthropathy, and right lower extremity complex regional pain syndrome. The IW also had right foot neuroma and non union of right mid foot s/p mid foot fusion. Pain was also reported to be in the cervical and lumbar spine and right shoulder that was radiating. A Computed Tomography (CT) of the right foot demonstrated mild hypertrophic changes, post surgical changes seen at the bases of the first, second, and third metatarsal bones without loosening or displacement of the prosthesis. Current medications included Norco, Percocet, Xanax, Elavil, and Soma. Treatments included bone stimulator, medication, lumbar sympathetic block, and psychiatry. Pain medication was effective for the low back pain. On 12/16/14, Utilization Review non-certified Xanax 1 mg #90, noting the Medical treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines section, Weaning of Medications section Page(s): 24, 124.

Decision rationale: The 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, and long-term use may actually increase anxiety. The injured worker has already been on this medication for over four weeks, and tapering is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. The request for Xanax 1mg # 90 is determined to not be medically necessary.