

Case Number:	CM15-0148345		
Date Assigned:	08/11/2015	Date of Injury:	12/10/2011
Decision Date:	09/10/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/30/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 58-year-old male who sustained an industrial injury on 12-10-11. He had complaints of left shoulder, right hip and bilateral wrist pain. Treatments include: medication, physical therapy, chiropractic and surgery. Most recent progress report dated 1-20-15 reports left hip pain rated 7 out of 10, left wrist and hand pain rated 6 out of 10, left shoulder pain rated 5 out of 10. He also reports reactive anxiety and depression. Diagnoses include: left carpal tunnel syndrome symptoms, status post right carpal tunnel release, status post left shoulder arthroscopy, residual left shoulder bursitis and impingement, right hip degenerative joint disease severe, bilateral wrist osteoarthopathy mild, left shoulder mild osteoarthopathy acromioclavicular joint, left wrist for strain, tear and partial tear of tendon, left shoulder rotator cuff tear with retraction of biceps, right wrist osteoarthopathy with carpal instability and tear and right trigger finger. Plan of care includes: request for revision carpal tunnel release, continue hydrocodone and prescribed Xanax 0.5 mg twice per day. Work status: Per agreed medical exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: CA MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. In this case, the patient also has been diagnosed with anxiety and long-term use of benzodiazepines may actually increase anxiety. There is no documentation providing objective evidence of functional gains associated with the use of Xanax. It is not recommended for long-term usage. Therefore, based on the above findings, the request for Xanax is deemed not medically necessary or appropriate.