MAXIMUS Federal Services

Case Number:	CM15-0161107		
Date Assigned:	08/27/2015	Date of Injury:	07/01/2014
Decision Date:	09/30/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	08/17/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 28 year old male sustained an industrial injury to the left shoulder on 7-1-14. Magnetic resonance imaging lumbar spine (7-13-15) showed degenerative disc disease at T10-11 without significant disc protrusion, L4-5 disc protrusion with mild central stenosis and minimal disc bulge at L5-S1. Previous treatment included physical therapy, epidural steroid injection and medications. In a PR-2 dated 1-19-15, the injured worker complained of constant neck pain with radiation to the left upper extremity with numbness and tingling and constant low back pain with radiation to the left lower extremity rated 5 out of 10 on the visual analog scale and frequent left shoulder pain rated 7 out of 10. The treatment plan included a prescription for Norco and Xanax and continuing home exercise. In a PR-2 dated 5-15-15, the injured worker complained of neck pain rated 7 out of 10, low back pain with radiation to the left lower extremity associated with numbness and tingling rated 7-8 out of 10 and left shoulder pain rated 8 out of 10. Physical exam was remarkable for tenderness to palpation to the cervical spine and trapezius muscles with palpable spasms and decreased range of motion, left shoulder with decreased range of motion, tenderness to palpation to the lumbar spine paraspinal musculature with positive left straight leg raise and decreased range of motion, 4 out of 5 muscle strength to the left lower extremity at the L5-S1 distribution with decreased sensation. Current diagnoses included cervical spine sprain and strain, cervical spine radiculopathy, lumbar disc protrusion, lumbar spine radiculopathy and left shoulder derangement. The treatment plan included a prescription for Neurontin, Norco and Xanax and continuing home exercise.

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 Page(s): 23.

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

Decision rationale: The patient was injured on 07/01/14 and presents with left shoulder pain, neck pain and low back pain. The request is for XANAX 1MG #60. The RFA is dated 07/07/15 and the patient is temporarily totally disabled. The patient has been taking this medication as early as 12/29/14. MTUS Guidelines, Benzodiazepines, page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." The patient has tenderness to palpation to the cervical spine and trapezius muscles with palpable spasms and decreased range of motion, a decreased range of motion of the left shoulder, and tenderness to palpation to the lumbar spine paraspinal musculature with positive left straight leg raise. He is diagnosed with cervical spine sprain and strain, cervical spine radiculopathy, lumbar disc protrusion, lumbar spine radiculopathy, and left shoulder derangement. The patient has been taking Xanax since 12/29/14 which exceeds the 4 weeks recommended by MTUS Guidelines. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS Guidelines. Therefore, the requested Xanax IS NOT medically necessary.