

Case Number:	CM15-0163274		
Date Assigned:	09/25/2015	Date of Injury:	10/29/2012
Decision Date:	10/30/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	08/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37-year-old female who sustained industrial injuries on October 29, 2012. Diagnoses have included post-concussion syndrome and headaches; cervical, thoracic and lumbar spine sprain with musculoligamentous stretch injuries; cervical and lumbar radiculitis; multi-level lumbar disc herniation per MRI 1-26-2015 ; left shoulder sprain or strain with partial thickness rotator cuff tear per 2-14-2015 MRI ; left wrist sprain or strain with De Quervain's tenosynovitis; right carpal tunnel syndrome per 2-5-2015 EMG study; depressive disorder; anxiety disorder; and, primary insomnia secondary to anxiety and depression. Documented treatment includes 10 physiotherapy sessions, 11 acupuncture treatments, 10 chiropractic treatments, psychological evaluation, cognitive behavioral therapy, and medication including documentation of Tramadol, Topamax and Xanax. The length of time on medications was not evident in provided medical records. In the 7-10-2015 orthopedic consultation report, the injured worker presented with increasing left shoulder pain rated as 7 out of 10 and described as aching with pins and needles. Pain was stated to be increased to 9 with use. She stated her right wrist is constantly weak with numbness, tingling and burning with no radiation, reaching 7 out of 10 pain level. Pain from both injuries interferes with activities of daily living including dressing, personal care, driving, opening jars, writing, and related types of physical activity. The physician noted decreased range of motion and reported tenderness in the bilateral shoulders and biceps, and positive Neer's impingement. Right wrist was positive for Tinel's test, and both wrists had positive Phalen's and Negative Finkelstein's. The treating physician's plan of care includes 30-count Xanax 0.5 mg which was modified to 15, and a functional capacity evaluation which was denied. The determination was made 7-25-2015. She has not been working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Alprazolam (Xanax) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The claimant sustained a work injury in October 2012 when she was struck by a metal gate and is being treated for left shoulder pain and right wrist pain with weakness, numbness and burning and secondary neurological and psychological sequela. A sleep study was negative for obstructive sleep apnea. When seen, there was increasing pain. Physical examination findings included decreased range of motion with positive shoulder impingement testing and positive Tinel's and Phalen's tests. Xanax and a functional capacity evaluation are being requested. A right carpal tunnel release is being requested and the claimant remains out of work. Xanax (alprazolam) is a benzodiazepine, which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to muscle relaxant effects occurs within weeks and long-term use may increase anxiety. In this case, there is no indication for this medication and there are other preferred treatments. Prescribing may cause further sleep disturbance. Continued prescribing is not medically necessary.

One referral for initial functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Fitness For duty: (Functional Capacity Evaluation) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p63-64.

Decision rationale: The claimant sustained a work injury in October 2012 when she was struck by a metal gate and is being treated for left shoulder pain and right wrist pain with weakness, numbness and burning and secondary neurological and psychological sequela. A sleep study was negative for obstructive sleep apnea. When seen, there was increasing pain. Physical examination findings included decreased range of motion with positive shoulder impingement testing and positive Tinel's and Phalen's tests. Xanax and a functional capacity evaluation are being requested. A right carpal tunnel release is being requested and the claimant remains out of work. A Functional Capacity Evaluation is an option for select patients with chronic pain when a

physician thinks the information might be helpful to attempt to objectify worker capability with respect to either a specific job or general job requirements. In this case, there is no return to work plan. A right carpal tunnel release is being requested. The claimant is not considered at maximum medical improvement. A Functional Capacity Evaluation at this time is not medically necessary.