

Case Number:	CM15-0164350		
Date Assigned:	09/01/2015	Date of Injury:	10/02/2007
Decision Date:	10/05/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 27-year-old male who sustained an industrial injury on October 2, 2007 resulting in right shoulder pain. Diagnoses have included chronic right shoulder pain and status post right shoulder arthroscopic surgery. Physician's Progress Report of April 29, 2015 states that he has also developed anxiety and depression symptoms. Documented treatment includes interventions and pain management for his shoulder, and psychotropic medications including Xanax, Fanapt and Savella. The injured worker continues to present with pain, anxiety, and a reported reduced ability to cope. The treating physician's plan of care includes continuing Xanax 1 mg. Current work status is performing usual duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Xanax 1mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: 1 Prescription of Xanax 1mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. Their range of action includes sedative/ hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on Xanax already and the documentation does not indicate extenuating circumstances, which would necessitate going against guideline recommendations, and using this medication beyond the MTUS recommended 4 week time period. The request for Xanax is not medically necessary.