

Case Number:	CM15-0167857		
Date Assigned:	09/08/2015	Date of Injury:	01/02/2014
Decision Date:	10/13/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/26/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 59 year old female with an industrial injury dated 01-02-2014. The injured worker's diagnoses include musculoligamentous sprain of the cervical spine with left upper extremity radiculitis, left shoulder tendinitis with possible other internal derangement, left wrist carpal tunnel syndrome, left third trigger finger, status post left open carpal tunnel release and release of annular 1 pulley of left middle finger, left wrist de Quervain's tendinitis, carpometacarpal joint inflammation of left thumb, musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, interdigital neuroma, plantar fasciitis of left foot, disc bulge at L2-S1 and bilateral radiculopathy, L4-5. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 08-05-2015, the injured worker reported pain in the neck, left shoulder, left wrist and thumb, low back and left foot. Objective findings revealed varicose veins in bilateral legs, left greater than right. The treatment plan consisted of medication management. The treating physician prescribed Xanax 0.25mg quantity 30, one daily as needed, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25mg qty 30 one daily as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines.

Decision rationale: Regarding the request for Xanax (Alprazolam), Chronic Pain Medical Treatment Guidelines state the 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Xanax (Alprazolam) is not medically necessary.