

Case Number:	CM15-0168711		
Date Assigned:	09/09/2015	Date of Injury:	09/22/2005
Decision Date:	10/08/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	08/27/2015

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: Arizona, California
 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 9-22-2005. He reported acute pain in the right shoulder from lifting activity. Diagnoses include status post two right shoulder arthroscopies and manipulation under anesthesia with residual adhesive capsulitis, left shoulder strain-strain, and lumbar sprain-strain with bilateral lower extremities radiculitis and anxiety and depression. Treatments to date include activity modification, physical therapy, and acupuncture treatments. Currently, he complained of no changes in low back pain and radiation to lower extremities associated with numbness and tingling. The right shoulder was painful. He further reported depression and anxiety. The medical records indicated previous medications included Cyclobenzaprine and Naproxen. On 7-7-15, the physical examination documented reduced right shoulder range of motion with a positive impingement sign and tenderness with muscle spasms noted. The lumbar spine was noted to have decreased range of motion. The plan of care included a psychological evaluation for depression and anxiety, and prescriptions for Ativan, Cyclobenzaprine, Naproxen, and Xanax. The appeal requested authorization for Xanax 1.5mg tablets #60. The Utilization Review dated 8-8-15, denied the request stating the documentation submitted did not support significant improvements per the Official Disability Guidelines and California Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1.5mg quantity 60: 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 rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. IN this case, the claimant was on multiple Benzodiazepines and Flexeril for several months. The continued and chronic use of Xanax is not medically necessary.