

Case Number:	CM15-0192694		
Date Assigned:	10/06/2015	Date of Injury:	11/21/2012
Decision Date:	11/19/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/30/2015

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:

The injured worker is a 61-year-old female, who sustained an industrial injury on 11-21-2012. The injured worker is undergoing treatment for right upper extremity complex regional pain syndrome (CRPS). Medical records dated 8-6-2015 indicate the injured worker complains of right hand and wrist pain radiating up the arm to the shoulder and neck. The treating physician describes the pain as, "constant and debilitating," and indicates "patient reports feeling more anxious." The injured worker describes it as "unbearable at times, which causes tension and depression." Exam dated 7-9-2015 indicates, "pain has increased in severity. Patient has no use of her right upper extremity." Physical exam dated 8-6-2015 notes right upper extremity weakness and "skin and muscles of the right hand and wrist are progressively atrophic and shiny." There is "hyperesthesia and allodynia over the dorsal aspect of her right wrist, hand and fingers." There is blistering of the right hand and wrist Treatment to date has included psychological consult for spinal cord stimulator, Lyrica, Neurontin, Percocet, Xanax (since at least 6-11-2015) and Effexor The original utilization review dated 9-4-2015 indicates the request for Xanax #45 is modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Xanax #45: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Xanax.

Decision rationale: The 61-year-old patient complains of constant and severe pain in right hand and wrist that radiates to right arm, shoulder and neck, as per progress report dated 09/03/15. The request is for 1 PRESCRIPTION FOR XANAX #45. There is no RFA for this case, and the patient's date of injury is 11/12/12. Diagnoses, as per progress report dated 09/03/15, included right upper extremity complex regional pain syndrome. Medications included Lyrica, Neurontin, Percocet, over-the-counter heartburn medication, estrogen and Effexor. The patient is temporarily totally disabled, as per the same progress report. ODG-TWC, Pain (Chronic) Chapter under Xanax (Alprazolam) states: Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression. In this case, a prescription for Xanax is first noted in progress report dated 06/11/15. The treater states that the patient "needs help with her activities of daily living to the point of putting on clothes and shoes, cooking meals, bathing etc. Patient also reports feeling more anxious." In progress report dated 09/03/15, the treater states that the patient "describes pain as unbearable at times, which causes tension and depression." There are no specific diagnoses of depression or anxiety. The treater does not document the efficacy of Xanax and its impact on the patient's symptoms. Additionally, both MTUS and ODG do not recommend long-term use of this medication due to risk of dependence. Hence, the request IS NOT medically necessary.