

Case Number:	CM15-0197598		
Date Assigned:	10/13/2015	Date of Injury:	06/10/2003
Decision Date:	11/20/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/07/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 54 year old female, who sustained an industrial injury on 6-10-2003. The medical records indicate that the injured worker is undergoing treatment for bilateral wrist and hand tendinitis with bilateral carpal tunnel syndrome, bilateral shoulder strain, thoracolumbar strain, insomnia and secondary depression due to chronic pain. According to the progress report dated 7-3-2015, the injured worker presented with complaints of bilateral wrist and hand pain, bilateral shoulder pain, mid and low back pain, insomnia, depression, and stomach upset. On a subjective pain scale, she rates her pain 6-9 out of 10. The physical examination did not reveal any significant findings. The current medications are Norco, Soma, Prilosec, Xanax (since at least 3-10-2015), and Morphine sulfate. Previous diagnostic studies include MRI of the shoulder. Treatments to date include medication management. Work status is described as permanent and stationary. The original utilization review (9-15-2015) had non-certified a request for Xanax #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #60 with no refills: Upheld

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

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

Decision rationale: Per the guidelines, benzodiazepenes 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The MD visit does not document any significant improvement in pain or functional status or a discussion of side effects specifically related to Xanax to justify use. A more appropriate treatment for anxiety disorder is an antidepressant and tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this injured worker, the records do not document medical necessity.