

Case Number:	CM15-0039335		
Date Assigned:	03/09/2015	Date of Injury:	07/04/2014
Decision Date:	04/13/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/02/2015

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: Internal Medicine, Rheumatology

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 62 year old female, who sustained an industrial injury on 7/4/2014. She has reported getting struck on the left side of the neck subsequently experiencing neck pain associated by headaches. The diagnoses have included myoligamentous injury, cervical spine, with radicular symptoms, tinnitus, and left sided headaches, cervicogenic. Treatment to date has included medication therapy, and physical therapy. Currently, the IW complains of frequent headache and intermittent buzzing in the left ear. There were additional complaints including neck and upper back pain associated with pain and numbness in the right hand. On 2/3/15 the physical examination documented restricted Rom in cervical and thoracic spine, trigger points noted throughout cervical, trapezius, infraspinatus and interscapular muscles. There was a positive neck compression test documented. The plan of care included continued medication therapy and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25mg #30: 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: This 62 year old female has complained of neck pain since date of injury 7/4/14. She has been treated with trigger point injections, physical therapy and medications to include xanax since at least 12/2014. The current request is for xanax. Per the MTUS guideline cited above, benzodiazepines are not recommended for long term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. The duration of use in this patient has exceeded this time frame. On the basis of the MTUS guideline cited above, xanax is not indicated as medically necessary in this patient.

1 Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; steps to avoid misuse Page(s): 89, 94.

Decision rationale: This 62 year old female has complained of neck pain since date of injury 7/4/14. She has been treated with trigger point injections, physical therapy and medications. The current request is for a urine drug screen. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, urine drug screen is not indicated as medically necessary.