

Case Number:	CM15-0042841		
Date Assigned:	03/13/2015	Date of Injury:	04/14/2000
Decision Date:	04/20/2015	UR Denial Date:	02/07/2015
Priority:	Standard	Application Received:	03/06/2015

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: Emergency 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 66-year-old female, who sustained an industrial injury on 4/14/2000. The mechanism of injury was not provided for review. The injured worker was diagnosed as having neuropathic pain in the upper extremity secondary to cervical disc syndrome, cervical radiculitis, status post carpal tunnel release, cervical myofascitis, diabetes mellitus and hypertension. Treatment to date has included surgery, physical therapy, wrist splints and medication management. Currently, a progress note from the treating provider dated 1/29/2015 indicates the injured worker reported improved wrist mobility, pain, and stiffness in the neck, upper back and right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Alprazolam (Xanax); Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has improved wrist mobility, pain, and stiffness in the neck, upper back and right upper extremity. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Xanax 1mg #60 is not medically necessary.