

<b>Case Number:</b>	CM15-0048212		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	08/09/2011
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 46 year old male, who sustained an industrial injury to head, neck, shoulder, and knee and back after a fall on 8/9/11. The diagnoses have included post traumatic head syndrome, disorder of sleep and arousal, insomnia and anxiety, neck strain/sprain, rotator cuff syndrome, and lumbosacral sprain/strain, right shoulder rotator cuff injury status post rotator cuff repair and left knee Degenerative Joint Disease (DJD) and medial meniscus tear. Treatment to date has included medications, consultations, surgery, Home Exercise Program (HEP) and physical therapy. Surgery has included right knee arthroscopy. Currently, as per the physician progress orthopedic follow up note dated 2/2/15, the injured worker complains of pain and popping in the right shoulder with limited improvement since last visit. He also complains of sharp pain over the inner aspect of the left knee. Physical exam revealed right shoulder impingement test and speed's test were positive with tenderness noted. The left knee had swelling with tenderness noted. Recommendation was left knee arthroscopy. The progress note dated 12/16/14; the injured worker continues to complain of chronic headaches, dizziness and difficulty sleeping following his head trauma. He reports only sleeping 2 hours a night and having panic attacks due to memories of the injury. He was also was very distraught about the persistent headaches and inability to sleep. The current medications included Norco, Anaprox, Prilosec, Topamax, Flexeril, and Ambien. The physician requested treatments included Maxalt 10 MG #18 and Xanax #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Maxalt 10 MG #18:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Maxalt.

**Decision rationale:** The official disability guidelines indicates that Maxalt is recommended for the treatment of migraine headaches. The initial dosage of this medication is 5 mg. It is unclear why there is request for a 10 mg tablet without having previously tried a 5 mg dosage. There is also a generic equivalent of this medication available. For these reasons, this request for Maxalt 10 mg is not medically necessary.

**Xanax #30:** Upheld

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

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, "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. A review of the attached medical record indicates that the injured employee has been prescribed this medication for an extended period of time. As the treatment is not recommended for long term use, and was not efficacious, the request is not medically necessary.