

Case Number:	CM15-0052192		
Date Assigned:	03/25/2015	Date of Injury:	11/07/2005
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 51 year old female who sustained an industrial injury on 11/07/05. Initial complaints and diagnoses are not available. Treatments to date include medications, left shoulder surgery, right carpal tunnel release, and an H-wave unit. Diagnostic studies include MRIs of the cervical spine and left hip and nerve conduction studies. Current complaints include chronic neck and bilateral upper extremity pain. In a progress note dated 02/23/15, the treating provider reports the plan of care to include continued medication including Neurontin, MS Contin, Norco, Naprosyn, Xanax, and Flector patches. The requested treatments are Xanax and Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25mg, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

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

Decision rationale: The claimant sustained a work-related injury in November 2005 and continues to be treated for chronic neck and bilateral upper extremity pain. Medications include Naprosyn 500 mg BID and the claimant also uses Flector patches for her shoulder. Xanax is being prescribed on a long-term basis. Xanax (Alprazolam) is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Gradual weaning is recommended for long-term users. Therefore, the ongoing prescribing of Xanax is not medically necessary.

Flector patch 1.3%, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain and (2) Topical Analgesics Page(s): 60 and 111-113. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page(s) 131-132.

Decision rationale: The claimant sustained a work-related injury in November 2005 and continues to be treated for chronic neck and bilateral upper extremity pain. Medications include Naprosyn 500 mg BID and the claimant also uses Flector patches for her shoulder. Xanax is being prescribed on a long-term basis. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the oral non-steroidal anti-inflammatory medication Naprosyn is also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not medically necessary.