

Case Number:	CM15-0055227		
Date Assigned:	03/30/2015	Date of Injury:	02/16/2012
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/23/2015

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: Physical Medicine & Rehabilitation

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 32 year old male, who sustained an industrial injury on February 16, 2012. He reported being shot when he was walking. The injured worker was diagnosed as having left ankle surgery with Brostrom procedure with open reduction internal fixation for fracture, neuropathic pain in the left ankle, and development of anxiety and panic attacks following his ankle injury. Treatment to date has included physical therapy, Cam Walker boot, psychotherapy treatments, left ankle surgery, abdominal surgery, and medication. Currently, the injured worker complains of ongoing left ankle pain and swelling, with depression and anxiety. The Physician report dated January 13, 2015, noted the injured worker reporting a 50% reduction in pain and 50% functional improvement with medications. Physical examination of the left ankle was noted to show persistent swelling, with painful passive range of motion (ROM). The Physician requested authorization for a CT evaluation of the left ankle, as he was unable to undergo a MRI due to a retained bullet/metal in his abdomen. The Physician refilled the medications including Norco, Effexor XR, Xanax, and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2mg #90: Upheld

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

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

Decision rationale: The patient presents with left ankle pain/swelling, depression, and anxiety. The request is for XANAX 2 MG #60. The RFA is dated 01/15/15 and the patient's work status is not provided. The patient has been taking this medication as early as 10/15/14. He has swelling about the ankle joint, passive range is very painful, active range is limited in all planes, and he has difficulty ambulating on toes/heels. MTUS Guidelines page 24 states, "Benzodiazepines 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." The patient has been taking Xanax since 10/15/14, and it would appear that this medication is prescribed on a long-term basis, over 3 months. The treating physician does not mention that this is for a short-term use. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS Guidelines. It is not recommended for long-term use; therefore, the requested Xanax IS NOT medically necessary.