

Case Number:	CM15-0088473		
Date Assigned:	05/14/2015	Date of Injury:	11/29/2012
Decision Date:	06/18/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/07/2015

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: New York, Tennessee
 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 33 year old male, who sustained an industrial injury on November 29, 2012. He reported putting a box on the shelf feeling a sudden sharp pain and pop to his right shoulder. The injured worker was diagnosed as having right shoulder pain, status post right shoulder arthroscopy. Treatment to date has included MRIs, right shoulder surgeries, x-rays, physical therapy, cortisone injection, and medication. Currently, the injured worker complains of right shoulder pain. The Treating Physician's report dated April 15, 2015, noted the injured worker underwent surgery on October 30, 2014, having had nine physical therapy visits with arm still sore with swelling, and not sleeping well at night. Physical examination was noted to show his biceps were still weak with supraspinatus getting stronger, and incisions well healed. The treatment plan was noted to include a physician review to rule out thoracic outlet, an electromyography (EMG) to determine the etiology of the numbness in his ulnar distribution, medications including Xanax, Norco, and Mobic, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg QTY: 60: 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 Pain Interventions and Guidelines Page(s): 24.

Decision rationale: Xanax is the benzodiazepine, alprazolam. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). 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. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. In this case, the patient has complaints of right shoulder pain. There is no indication for benzodiazepine use. The quantity of medication requested is sufficient for one month, indicating long-term use. This is not recommended. The request should not be authorized. Therefore, the requested medical treatment is not medically necessary.