

Case Number:	CM15-0240624		
Date Assigned:	12/17/2015	Date of Injury:	03/23/2006
Decision Date:	01/22/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	12/09/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 44 year old female, who sustained an industrial injury on 3-23-2006. The injured worker was diagnosed as having chronic neck pain, right greater than left upper extremity symptoms, diabetes mellitus, distant history of right carpal tunnel release, and left de Quervain's syndrome. Treatment to date has included diagnostics, left shoulder surgery, physical therapy, transcutaneous electrical nerve stimulation unit, and medications. On 10-28-2015, the injured worker complains of neck and left upper extremity pain. She reported having stiffness in the muscles around the cervical spine. Medication use included Percocet, Xanax 0.5mg twice daily, Zoloft, Zanaflex, and Inderal (through primary care physician). She reported that Xanax helped with anxiety. The use of Xanax was referenced since at least 2009. She was able to work full-time. Objective findings noted good cervical range of motion and tenderness over the left upper trapezius into the left shoulder region. The treatment plan included continued medications. On 11-13-2015 Utilization Review modified a request for Xanax 0.5mg to #24 (original request #120).

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, Benzodiazepines.

Decision rationale: CA-MTUS and ODG states that 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. 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 more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG further states regarding Alprazolam "Not recommended". The available medical record indicates that this IW has been receiving Xanax since at least 2009, greatly in excess of MTUS recommendations. The medical record does not provide any rationale which would require exceeding the guideline recommendations. As such, the request for Xanax 0.5mg, #100 is not medical necessary.