

Case Number:	CM14-0108305		
Date Assigned:	09/19/2014	Date of Injury:	01/18/2010
Decision Date:	12/24/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/11/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 35-year-old woman who sustained a work-related injury on January 18, 2010. Subsequently, she developed chronic right shoulder pain. According to a progress report dated on June 2, 2014, the patient was complaining of neck and right shoulder pain with a severity rated 8/10 without medication and 6/10 with medications. The patient was treated with the tramadol, Cymbalta and Xanax. The patient physical examination demonstrated right shoulder tenderness with pain for motion. The patient was diagnosed with rotator cuff tear, right shoulder pain, spondylosis, like a radiculopathy and myalgia. The provider requested authorization to continue the use of Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.25mg qty 30: Upheld

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

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

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the

risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain in this case. There is no recent documentation of anxiety or depression in this case which could be managed with antidepressant. Therefore the use of Alprazolam 0.25mg qty 30 is not medically necessary.