

Case Number:	CM14-0116436		
Date Assigned:	09/23/2014	Date of Injury:	07/09/2012
Decision Date:	12/19/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/24/2014

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 Psychiatry and is licensed to practice in California. 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:

Injured worker is a 32 year old female with date of injury 7/9/2012. Date of the UR decision was 7/11/2014. She encountered pain in left wrist and subsequently left shoulder while lifting a mattress at work. Per report dated 2/3/2014, the injured worker presented with increased pain and numbness. She was prescribed Ultram 50 mg every 8 hrs as needed, Xanax 1 mg nightly as needed and Norco 5mg/325mg everyday as needed. Per report dated 5/1/2014 she was taking Norco, Xanax, Tramadol. Per report dated 7/2/2014. Per Psychologist report dated 4/7/2014 injured worker presented with subjective complaints of physical pain, anxiety and depression. She reported difficulty sleeping and concentrating. She was diagnosed with Depressive disorder not otherwise specified and Anxiety state. Beck Depression and Anxiety Inventories were performed that day. Injured worker has been in psychotherapy treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress - Psychological evaluations

Decision rationale: ODG states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated." The request for Psych Testing; unspecified number of sessions is not medically necessary. Per guidelines, Psychosocial evaluations should determine if further psychosocial interventions are indicated. In this case the injured worker is already in Psychotherapy treatment. The request is not medically necessary.

Xanax #42 (unspecified Dosage): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24,124.

Decision rationale: MTUS 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Xanax on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Xanax #42 (unspecified Dosage) is not medically necessary.