

Case Number:	CM14-0149753		
Date Assigned:	09/18/2014	Date of Injury:	12/07/2006
Decision Date:	10/17/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/15/2014

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 Geriatrics, and is licensed to practice in New York. 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 injured worker is a 68 year old woman with a date of injury of 12/7/06. She was seen by her treating physician on 6/23/14 with complaints of pain in her cervical spine, shoulder, low back and extremities as well as swelling in her right foot. Her current medications included fentanyl, flexeril, Naprosyn, norco, protonix, amitiza and Xanax. Her exam showed a flat affect/mood. She had paraspinous tenderness in her cervical spine with spasms and restricted range of motion. Her shoulders were also tender with redistricted range of motion and positive Tinel's sign bilaterally. She had a negative straight leg raise bilaterally. Her diagnoses included cervical sprain/strain with C5-6 disc bulge and upper extremity radiculopathy, bilateral shoulder impingement syndrome and tendonitis, status post right carpal tunnel release and left carpal tunnel syndrome and De Quervain's disease, lumbar spine sprain/strain with bilateral lower extremity radiculopathy, internal derangement knees, depression and anxiety. At issue in this review is the request for Xanax for anxiety. Length of prior therapy is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti- depressants.

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

Decision rationale: Benzodiazepenes 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. A more appropriate treatment for anxiety disorder is an antidepressant and tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this injured worker, xanax is prescribed for anxiety for ongoing use and the records do not document improvement in symptoms, discussion of side effects or efficacy. The medical necessity of Xanax is not substantiated in the records.