

<b>Case Number:</b>	CM14-0181922		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	10/15/2004
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 42-year-old male with a date of injury of 10/15/2004. The listed diagnosis per [REDACTED] is crush injury of left hand resulting in closed fracture, intra-articular, left 5th metacarpal. The medical file provided for review includes 1 progress report from 06/05/2013. According to this report, the patient presents with pain to the ulnar aspect of the left hand over the 5th metacarpal progressing up into the wrist and up into elbow area. He is currently taking medications Elavil 25 mg, Diclofenac 75 mg, and Ranitidine 150 mg. Examination revealed tenderness to palpation over the entire area of the 5th metacarpal. The treating physician states that patient has ongoing malangulation (malunion) due to lack of surgical intervention due to an uninsured employer. This is a request for Xanax 0.25 mg #90. A Utilization review denied the request on 10/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.25mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine.

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

**Decision rationale:** This patient presents with pain to the ulnar aspect of the left hand over the 5th metacarpal progressing up into the wrist and elbow area. This is a request for Xanax 0.25 mg #90. For Benzodiazepines, the MTUS Guidelines page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependency." The physician has requested #90 and this medication is not recommended for long-term use. The request is not considered medically necessary.