

Case Number:	CM14-0087128		
Date Assigned:	07/23/2014	Date of Injury:	04/29/2008
Decision Date:	06/02/2015	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/10/2014

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. 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: California
 Certification(s)/Specialty: Emergency Medicine

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 30 year old female, who sustained an industrial injury on 04/29/2008. The initial complaints or symptoms included pain and injury to the right foot, and right upper extremity pain. The injured worker was diagnosed as having fracture of the right proximal 5th metatarsal. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, spinal cord stimulator placement, psychological treatments, and right foot surgeries (2008 & 2009). Currently, the injured worker complains of ongoing chronic right foot pain with numbness. The injured worker reported that her prescribed medications were beneficial in helping to relieve pain reporting a pain level of 9/10 without medications and 6/10 with medications. Current medications include tramadol, cyclobenzaprine, Cymbalta, Gralise, Percocet, and OxyContin. The injured worker also reports insomnia, depression and anxiety. The diagnoses include foot pain, complex regional pain syndrome, chronic pain syndrome, numbness, right ankle pain, right limb pain, insomnia, and depression/anxiety. The request for authorization included Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines Alprazolam (Xanax).

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

Decision rationale: Xanax is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long-term use. There is strong risk of dependence and tolerance develops rapidly. Chronic use may exacerbate anxiety. Review of records show that patient is chronically on this medication. The appropriate treatment of anxiety is anti-depressants and other modalities to manage anxiety and depression. The number of tablets is not appropriate for intermittent use only during panic attacks but chronic persistent use. Xanax is not medically necessary.