

Case Number:	CM15-0001551		
Date Assigned:	01/12/2015	Date of Injury:	11/28/2007
Decision Date:	03/27/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/05/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old female who reported an injury on 11/28/2007. The mechanism of injury was a jerking movement. Her diagnoses are noted as musculoskeletal symptoms of the spine, upper limbs and lower limbs, anxiety, depression and impaired memory and concentration, sleep disturbance secondary to pain, anxiety and depression. Her past treatments are noted to include medication, a cane, activity modification, epidural steroid injection, heat, massage therapy, chiropractic therapy, rest and bracing. During the assessment on 07/17/2012, the injured worker complained of left shoulder, left ankle and right knee pain. She also indicated that the headaches involved the left side of the scalp and back of scalp with a throbbing and tension quality associated with scintillating scotoma and nausea. She reported trouble with memory, altered sense of smell and taste, blurred vision, tinnitus, dizziness, impaired concentration and anxiety. She also reported musculoskeletal complaints such as pain, numbness, tingling and weakness of the bilateral upper and lower extremities. The neurologic examination revealed, cranial nerves 2 through 7 were serial tested and were within normal limits. There was full motor force throughout with no evidence of weakness, wasting or fasciculations. The tandem gait was mildly unstable. The Romberg maneuver was negative. Her medications were noted to include levothyroxine, lisinopril, asthma inhaler, Cymbalta, Xanax, estazolam, medication for psychosis and medication for GERD. The treatment plan and rationale were not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg one (1) BID #60 with 2 refills: Upheld

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

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

Decision rationale: The request for Xanax 0.5 mg 1 twice a day #60 with 2 refills not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 4 weeks due to a high risk of psychological and physiological dependency. There was no recent clinical documentation indicating how long the injured worker had been taking the requested medication. The rationale for the request was not provided. Given the above, the request is not medically necessary.

Prosom 2mg one (1) QHS #30 with 2 refills: Upheld

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

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

Decision rationale: The request for Prosom 2 mg 1 at bedtime #30 with 2 refills is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 4 weeks due to a high risk of psychological and physiological dependency. There was no recent clinical documentation indicating how long the injured worker had been taking the requested medication. The rationale for the request was not provided. Given the above, the request is not medically necessary.