

Case Number:	CM15-0003844		
Date Assigned:	01/16/2015	Date of Injury:	04/28/2010
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/08/2015

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, Hawaii

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 55 year old female with a date of injury as 04/28/2010. The current diagnoses include status post left shoulder open rotator cuff repair, degenerative disc disease-cervical spine, spondylosis, spondylolisthesis-C3-C4, facet arthroplasty-C3-C6, and bilateral carpal tunnel syndrome. Previous treatments include left shoulder surgery and medications. Current medication regimen included Ambien, Norco, Prilosec, Topamax, cyclobenzaprine, Xanax, and Naprosyn. Physician's reports dated 06/27/2013 through 12/16/2014 were included in the documentation submitted for review. Report dated 12/16/2014 noted that the injured worker presented with complaints that included increased neck pain, headache, pain in both shoulders, down both upper extremities and in her upper and low back. Pain level was rated as 10 out of 10, but is reduced to 7-8 out of 10 with medications. Physical examination was not included in this report. Report dated 11/18/2014 notes that the injured worker has feeling of anxiety. She further stated that she was taking Xanax .5 mg strength and not the .25 mg strength she was provided at her last office visit. The physician recommended taking the Xanax as little as possible. The injured worker was placed on work restrictions, but has not worked since April 2010. The utilization review performed on 12/18/2014 non-certified a prescription for Xanax based on guidelines do not recommend long-term use. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Xanax 0.25mg #60 with 1 refill DOS:11/18/14: Upheld

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

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

Decision rationale: The patient presents with pain affecting the neck, mind back, low back, and bilateral shoulder with radiation to both upper extremities. The current request is for Retrospective Xanax 0.25mg #60 with 1 refill DOS: 11/18/14. The requesting treating physician report dated 11/18/14 (10C) lists Xanax under current medications. The patient was currently taking Xanax when an additional prescription of Xanax with 1 refill was requested. In this case, the current request for Xanax with 1 refill does not satisfy the MTUS guidelines as outlined on page 24 as benzodiazepines are not supported for longer than 4 weeks. Furthermore, there is no documentation in the reports provided of any functional improvement with medication usage or a rationale by the physician as to why the patient requires treatment above and beyond the MTUS guidelines. Recommendation is for denial and weaning per the MTUS guidelines.