

Case Number:	CM15-0010314		
Date Assigned:	01/27/2015	Date of Injury:	07/08/2010
Decision Date:	03/27/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/19/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 (IW) is a 56 year old female who sustained an industrial injury on 07/08/2010 when she picked up a box and felt a pulling sensation in both shoulders. She has reported pain in bilateral shoulders and cervical spine. Diagnoses include brachial plexus lesions, cervicgia, cervical disc disease, left TOS (Thoracic Outlet Syndrome) with associated vascular headaches, vertebrobasilar artery insufficiency and dizziness, bilateral rotator cuff tears, bilateral tunnel syndrome and adjustment disorder with mixed anxiety and depressed mood. Treatment to date includes medications and radiodiagnostic testing including angiograms of the superior venocava, left innominate vein, and left subclavian vein. left axillary vein, angioplasty of left subclavian vein, angiogram of left internal jugular vein, angioplasty of left internal jugular vein, the left innominate vein, the right cephalic vein, the right vertebral vein, and angioplasty of the right internal jugular vein on 12/02/2014. On 12/15/2014 after completion of the angiograms, she remained symptomatic and was recommended first rib resection. Examination of the bilateral shoulder range of motion was limited by pain but she no longer had restriction in range of motion in the left shoulder. A MRI arthrogram of the left shoulder dated 11/12/2014 revealed no definite labral tear, mild irregularity of the articular surface of the distal supraspinatus tendon which may reflect a low grade tear. Treatment plans included continuation of Nucynta, Meclizine, and Xanax. On 01/09/2015 Utilization Review non-certified a request for Xanax 1mg QHS #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg QHS #20: Upheld

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

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, she experienced anxiety, however used the Xanax chronically nightly and as needed for panic attacks. Although, this might be warranted in the setting of being monitored by a psychiatrist and having tried SSRIs for her anxiety. However, since there was insufficient evidence of the worker having tried SSRI for her anxiety, and the Guidelines suggesting short-term use only, the continuation of Xanax use on a regular basis, and in particular at a higher amount, will be considered medically unnecessary to continue. Weaning may be indicated.