

Case Number:	CM15-0017527		
Date Assigned:	02/05/2015	Date of Injury:	10/11/2012
Decision Date:	03/30/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	01/29/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old male, who sustained an industrial injury on 10/11/2012. He reports bilateral knee pain and right shoulder pain. Diagnoses include status post bilateral knee surgeries and rotator cuff repair. Treatments to date include neck pain, right shoulder rotator cuff repair, 5 left knee surgeries with left total knee replacement, right knee arthroscopy, physical therapy and medication management. A progress note from the treating provider dated 1/13/2015 indicates the injured worker reported low back pain with bilateral lower extremities numbness. On 1/27/2015, Utilization Review non-certified the request for Xanax 1mg #60, citing MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #60, DOS: 1/13/15: 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: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no clear documentation of sleep issues related to pain and the use and failure of antidepressant was not documented. Therefore, the use of Xanax 1mg #60 is not medically necessary.