

Case Number:	CM15-0019235		
Date Assigned:	02/09/2015	Date of Injury:	12/23/2009
Decision Date:	03/30/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/02/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 54-year-old female who sustained an industrial injury on 12/23/09. The injured worker reported symptoms in the neck and upper extremities with associated headaches. The diagnoses included cervical spine myoligamentous with facet arthropathy, discopathy and left upper extremity radiculopathy, lumbar spine facet arthropathy, discopathy and bilateral lower extremity radiculopathy, status post left rotator cuff tear repair, reactionary depression and anxiety. The radiology report of the lumbar spine showed degenerative disc disease and facet arthropathy. Treatments to date include cervical discogram on 12/12/13, oral analgesics, oral pain medications, and status post left rotator cuff tear repair. In a progress note dated 1/9/15 the treating provider reports the injured worker complained of neck pain with associated cervicogenic headaches, along with radicular symptoms to both upper extremities. The pain score was rated at 9/10 on a scale of 0 to 10. The medications listed are Duragesic, Ultracet, Celexa, Seroquel, Wellbutrin, Percocet, Anaprox, Prilosec and Xanax. There is a pending Orthopedic Consult. On 1/27/15 Utilization Review modified the request for Xanax 0.5 milligrams quantity of 60 to Xanax 0.5 milligrams quantity of 30. The MTUS, ACOEM Guidelines, (or ODG) was cited.

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 Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that the utilization of anxiolytics be limited to short term period in chronic pain patients who are utilizing other sedative medications. The chronic use of benzodiazepines and anxiolytics can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and sedatives. It is recommended that antidepressants with analgesic and anxiolytic actions be utilized as first line medications in patients with co-existing psychosomatic disorders. The records indicate that the patient is utilizing multiple opioids, sedatives and psychiatric medications concurrently. There is no documentation of compliance monitoring with serial random UDS, absence of aberrant behavior and functional restoration. The criteria for the use of Xanax 0.5mg #60 was not met.