

Case Number:	CM15-0113888		
Date Assigned:	06/22/2015	Date of Injury:	10/20/1997
Decision Date:	07/20/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/12/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 61 year old male, who sustained an industrial injury on 10/20/97. He has reported initial complaints of left shoulder and elbow injury. The diagnoses have included cervical sprain associated with radiculitis along the left upper extremity, headaches, mid back sprain, right shoulder impingement syndrome, carpal tunnel syndrome, epicondylitis and depression. Treatment to date has included medications, activity modifications, 10 elbow surgeries, 2 shoulder repairs, left hand surgery, wound treatment, physical therapy and other modalities. Currently, as per the physician progress note dated 5/7/15, the injured worker has had numerous surgeries and now has pulmonary fibrosis related to antibiotic usage. He has had secondary pneumonias and has not come with his oxygen tank. He has difficulty with stairs and inclines and fatigues easily. He is complaining of terrible neck pain and not able to do chores around the house. He describes shooting pain from the neck down to the left arm and associated with headaches. The physician notes that he is minimizing his narcotic use and he uses them gingerly. It is noted that they are trying to reduce the Xanax and will reduce it to 1 MG today. He reports issues with stress and sleep. The objective findings reveal elevated blood pressure of 125/92. The shoulder elevation and abduction is no more than 90 degrees, tenderness along the rotator cuff is noted especially on the right side and has frail arm with edema along the upper extremity on the left. The current medications included Neurontin, Aciphex, Celebrex, Maxalt, Flexeril, and Xanax. There is no previous urine drug screen noted in the records. The physician requested treatment included Xanax 1mg #60 for weaning and nerves.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #60: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, Benzodiazepines.

Decision rationale: MTUS and ODG states that benzodiazepine (ie Lorazepam) is "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG further states regarding Lorazepam not recommended. Medical records indicate that the patient has been on Xanax since at least 12/2014 when the medical documentation indicates the patient would begin weaning from this medication. This is far exceeding MTUS recommendations. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. As such, the request for Xanax 1mg #60 is not medical necessary.