

Case Number:	CM15-0119007		
Date Assigned:	06/29/2015	Date of Injury:	11/02/2009
Decision Date:	08/14/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/22/2015

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, Arizona,
Maryland Certification(s)/Specialty: Psychiatry

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 49 year old female, who sustained an industrial injury on November 2, 2009. The injury was an undiagnosed fracture of the cervical vertebrae that led to two surgeries. The injured worker has been treated for neck and left arm complaints. The diagnoses have included axial cervical spine pain, cervical disc disease with radiculopathy of the left upper extremity, chronic pain syndrome, cervical stenosis, and closed fracture of a cervical vertebra, reflex sympathetic dystrophy syndrome of the left upper extremity, migraine headache and lumbar intervertebral disc disorder with myelopathy. Non-industrial medical problems include atrial fibrillation, constipation and a history of a transient ischemic attack. The injured worker was seen on May 6, 2015 in the emergency department with symptoms of a transient ischemic attack. Treatment to date has included medications, radiological studies, MRI, electrodiagnostic studies and cervical spine surgery. Current documentation dated May 29, 2015 notes that the injured worker had been seen recently in the emergency department with an episode of atrial fibrillation. The injured worker reported severe left arm pain, hypersensitivity and allodynia which were unchanged. The injured worker also reported having a cough and noted that that her migraines and neck pain were worse. The injured worker was noted to be uncomfortable to light touch when any aspect of the cervical spine, left shoulder or left arm were touched. The left arm revealed weakness, especially in the grip. Cervical spine range of motion was noted to be painful. The treating physician's plan of care included a request for Xanax 0.5 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states "Benzodiazepines are 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, anti-convulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Xanax on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for another 30 day supply of the medication i.e. Xanax 0.5mg #30 is excessive and not medically necessary.