

Case Number:	CM15-0172659		
Date Assigned:	09/14/2015	Date of Injury:	07/14/2011
Decision Date:	10/15/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/01/2015

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: Arizona, California

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:

This 49-year-old female sustained an industrial injury on 7-14-11. Documentation indicated that the injured worker was receiving treatment for injuries to bilateral elbows, right shoulder, right wrist and right knee with right knee osteoarthritis, right wrist eccentric tendinitis and right lateral epicondylitis. On 2-4-15, the injured worker underwent left tennis elbow surgery. The injured worker underwent right knee arthroscopy with partial medial meniscectomy and partial lateral meniscectomy on 4-24-15. The injured worker received postoperative physical therapy and medications. In a progress note dated 6-15-15, the injured worker complained of discomfort and pain in the right knee with episodes of swelling. The injured workers received an injection and her right knee was aspirated. In a progress note dated 8-12-15, the injured worker complained of continued pain on the medial side of the right knee. The injured worker stated that the pain waxed and waned with some good days and some very bad days. Walking was limited to no more than 15 to 20 minutes on bad days. The injured worker reported taking Tramadol and Ibuprofen occasionally for right knee pain. The injured worker also stated that her right knee pain interfered "significantly" with sleep and that Xanax had been effective in helping with sleep. Physical exam was remarkable for tenderness to palpation over the lateral aspect of the left elbow with full range of motion and right knee with tenderness to palpation over the medial joint line, definite effusion and right knee flexion limited to 100 degrees. X-rays of the right knee showed medial joint space narrowing down to 2mm. The physician stated that right knee arthroscopy (4-24-15) had revealed Grade III to IV changes. The treatment plan included requesting viscosupplementation for the right knee, discontinuing right knee therapy, continuing home exercise and continuing current medications with a refill for Xanax. On 8-25-15, Utilization Review noncertified a request for Xanax 0.5mg (number unspecified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg (number unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation ODG- knee chapter and pg 35.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the indication or amount of Xanax required was not specified. Long-term use is not indicated. The claimant did not have diagnoses that would require Xanax. In addition, sedation is not indicated for viscosupplementation or for reasons related to arthritis of the knee. As a result, the request for Xanax is not medically necessary.