

Case Number:	CM15-0173136		
Date Assigned:	09/23/2015	Date of Injury:	08/25/2010
Decision Date:	11/03/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old male who sustained an injury on 8-25-10 resulting when he helped a co-worker lift a storm grate; one end dropped causing injury to his left arm and low back. Treatment included physical therapy, epidural injections, medication, home exercise program, and two shoulder surgeries (11-23-10 and 7-29-13). Diagnoses include lumbosacral disc degeneration; sacroiliac sprain, strain; adhesive capsulitis and rotator cuff injury, mood effects secondary to injury. He had ongoing left shoulder pain and the medical records indicate on 4-24-14 he was having anxiety and panic attacks and depressed. The psychiatric progress report on 7-10-15 states he was only taking Xanax 2 mg twice a day instead of taking both Xanax and Valium he was recommended to discontinue one and not take both. Diagnosis included major depressive disorder and chronic pain syndrome associated with both psychological factors and a general medical condition. On 8-11-15, the examination reports onset of depression following the most recent surgery in December 2014 with associated symptoms of chronic insomnia of three to five years duration. Medications noted were Norco, Alprazolam 2 mg 1 tablet every morning; Valium 10 mg; Lunesta 3 mg every night; and Mirtazapine 30 every night. The records reveal he has been approved for six sessions of cognitive behavioral therapy and is to be augmented by group therapy program. Current requested treatments Xanax 2 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Xanax (Alprazolam).

Decision rationale: The patient presents with pain in the low back and the left shoulder. The request is for Xanax 2mg #60. Patient is status post multiple left shoulder surgeries, the latest on 12/09/14. Physical examination to the left shoulder on 06/04/15 revealed tenderness to palpation to the biceps groove, the greater tubercle of the humerus, the subdeltoid bursa, and the trapezius. Range of motion was decreased in all planes. Per 08/04/15 Request For Authorization form, patient's diagnosis include sacroiliac sprain/strain, lumb/lumbosac disc degen, adhesive capsulitis, rotator cuff injury, mood effects secondary to injury, encounter of long-term use of other medications. Patient's medications, per 07/10/15 progress report include Diazepam, Nortriptyline, Hydrocodone-Acetaminophen, Xanax, and Lunesta. Patient is permanent and stationary. The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG-TWC, Pain (Chronic) Chapter, under Xanax (Alprazolam) states: "Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression." The treater has not specifically discussed this request. Xanax (Alprazolam) has been included in patient's medications from 02/25/15 through 09/03/15. It is not known when this medication was initiated. However, guidelines do not recommend long-term use of benzodiazepines due to risk of dependence. The patient has been prescribed this medication at least since 02/25/15. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.