

Case Number:	CM15-0174976		
Date Assigned:	09/16/2015	Date of Injury:	07/14/2014
Decision Date:	10/23/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/04/2015

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, North Carolina
 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:

The injured worker is a 42 year old female, who sustained an industrial injury on 7-14-14. The injured worker is undergoing treatment for bilateral carpal tunnel syndrome. Medical records dated 5-1-15 through 7-31-15 indicate the injured worker complains of worsening wrist and hand pain. "She is only taking ibuprofen." Pain is described as sharp, aching, burning, tingling, numbness, shooting and continuous. Pain is rated 6 out of 10 without medication. Physical exam dated 7-31-15 notes spasm of the right shoulder, triceps, elbow, fore arm, wrist and left wrist and cervical and bilateral wrist decreased range of motion (ROM). Treatment to date has included heat, ibuprofen and Tramadol caused side effects (7-1-15). The original utilization review dated 8-21-15 indicates the request for Norco10-325mg #90 and Flexeril 10mg #30 are certified and Xanax 0.5mg #60 is modified to Xanax 0.5mg #45 noting no documented medical indication for this medication and weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg Quantity # 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: CA MTUS Guidelines state that benzodiazepines like Xanax 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Long-term use may increase anxiety. In this case, the patient has bilateral carpal tunnel syndrome and muscle spasms in the upper extremities. She is taking Flexeril for the muscle spasms. There is no documentation of a medical indication for Xanax in the treatment of this patient's condition. Therefore, the medical necessity for Xanax is not established.