

Case Number:	CM15-0068139		
Date Assigned:	04/15/2015	Date of Injury:	03/22/2012
Decision Date:	05/14/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/10/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 51 year old female who sustained an industrial injury on 03/22/2012. The injured worker was diagnosed with fracture of the right foot metatarsals, cervical spine sprain/strain with radiculitis, lumbar spine sprain/strain with radiculitis and right shoulder impingement syndrome. Treatment to date includes lumbar magnetic resonance imaging (MRI), Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies in February 2014, physical therapy, psychotherapy, surgery, injections, and medications. The injured worker is status post open reduction internal fixation right foot 2nd, 3rd and 4th metatarsals in May 2012 and right mid foot fusion with iliac graft revision in August 2013. In September 2014 and on January 17, 2015, the injured worker underwent a right left lumbar sympathetic chain block at L3 and L4 and in October 2014 the injured worker had a bilateral L4 through S1 medial branch facet joint rhizotomy and neurolysis. According to the primary treating physician's progress report on March 12, 2015, the injured worker continues to experience lower back radiating to the lower legs with weakness bilaterally, ankle pain and cervical spine pain that radiates to both arms. Examination of the cervical spine demonstrated tenderness to palpation over the paraspinal, trapezius and parascapular muscles and decreased range of motion. There is also tenderness to palpation over the cervical spine process from C3 through C7 with positive compression test bilaterally. The right shoulder demonstrated positive impingement signs with positive depression test and decreased range of motion. The lumbar spine had decreased range of motion with tenderness to palpation and diffuse spasm and guarding which was more pronounced on the right side. Current medications are listed as Norco, Elavil, Neurontin, Soma, Prozac and Xanax. Treatment plan

consists of implementing the approved authorization for bone stem for the right ankle; continue with physical therapy, medication regimen, psychologist, and the current request for Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 1 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 24.

Decision rationale: Per the guidelines, benzodiazepenes 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, 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. The MD visits fail to document any significant improvement in pain or functional status or a discussion of side effects to justify use. A more appropriate treatment for anxiety disorder is an antidepressant and tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this injured worker, the request is not medically necessary.