

Case Number:	CM15-0070018		
Date Assigned:	04/17/2015	Date of Injury:	12/22/2013
Decision Date:	05/27/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/13/2015

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: North Carolina, Georgia
 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 49 year old male, who sustained an industrial injury on 12/22/2013. Diagnoses include left hip avulsion fracture greater trochanter, continue left hip greater trochanteric bursitis and right hip pain secondary to compensatory factors. Treatment to date has included diagnostics, physical therapy and medication. Per the Primary Treating Physician's Progress Report dated 2/06/2015, the injured worker reported for follow up of left hip pain. He rated his pain as 8/10 on a subjective scale. The pain is unchanged since the last visit. Physical examination revealed tenderness over the greater trochanteric bursa. He had limited range of motion due to pain. His gait was antalgic, favoring the opposite lower extremity. The plan of care included: continuation of physical therapy, psych consult and medications and authorization was requested for Norco 10/325mg #90 and Xanax 0.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 24.

Decision rationale: CA MTUS guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there are risks of dependency. Guidelines generally limit use to 4 weeks. 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the claimant has been treated with Xanax for longer than the recommended 4 weeks. Ongoing use of Xanax is not medically indicated.