

Case Number:	CM15-0070586		
Date Assigned:	04/20/2015	Date of Injury:	06/12/2009
Decision Date:	05/29/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/14/2015

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: Emergency 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 46 year old female, who sustained an industrial injury on June 12, 2009. She reported that while carrying boxes she experienced pain to her right shoulder and neck. The injured worker was diagnosed as having cervical myelopathy, cervical spine sprain/strain, lumbar myelopathy, lumbar sprain/strain, status post right shoulder surgery, chronic pain, and major depressive illness, single episode, moderate. Treatment to date has included physical therapy, MRI, epidural injections, x-rays, shoulder sling, right shoulder surgery, chiropractic treatments, and medication. Currently, the injured worker complains of back pain, difficulty sleeping, and feelings of being hopeless. The Initial Treating Physician's report dated February 27, 2015, noted the injured worker with psychiatric difficulties that were a result of her chronic pain and inability to be gainfully employed, or participate in activities of daily life. The Physician recommended the injured worker undergo a more aggressive approach to the use of psychotropic medication, taking Prozac for more than a year without response. An alternative antidepressant, including Cymbalta, and individual psychotherapy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5g #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Alprazolam (Xanax).

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

Decision rationale: The requested Xanax 0.5g #60 with 2 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has back pain, difficulty sleeping, and feelings of being hopeless. The Initial Treating Physician's report dated February 27, 2015, noted the injured worker with psychiatric difficulties that were a result of her chronic pain and inability to be gainfully employed, or participate in activities of daily life. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met. Xanax 0.5g #60 with 2 refills is not medically necessary.