

Case Number:	CM14-0118254		
Date Assigned:	08/06/2014	Date of Injury:	10/24/2011
Decision Date:	10/06/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 67 years old female with an injury date on 10/24/2011. Based on the 06/20/2014 progress report provided by [REDACTED], the diagnoses are: 1. Status post left shoulder arthroscopy 2. Chronic cervical strain 3. Lumbar disc herniation 4. Constipation and stomach issues 5. Anxiety and depression According to this report, the patient complains of low back pain, bilateral shoulder pain and upper extremity pain. The patient is status post arthroscopy on 05/09/2014 to the left shoulder. The patient rated the pain at a 6/10 for the low back and a 7/10 for the bilateral shoulder pain. Pain improves with therapy and rest. Physical exam reveals decreased lumbar and left shoulder range of motion. Kemp's test is positive. There was tenderness to the acromioclavicular joint. There were no other significant findings noted on this report. The utilization review denied the request on 07/14/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/11/2014 to 07/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax XR .5mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to the 06/20/2014 report by the treating physician this patient presents with low back pain, bilateral shoulder pain and upper extremity pain. The treating physician is requesting to start the patient on Xanax XR .5mg # 30. The MTUS guidelines page 24, do 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. Only short-term use of this medication is recommended for this medication. In this case, there is a request for Xanax #30, but the treating physician does not mention why this medication is being prescribed. There is no discussion in the reports regarding this medication. The treating physician does not mention that this is for a short-term use. The request is not medically necessary.