

Case Number:	CM14-0150294		
Date Assigned:	09/18/2014	Date of Injury:	08/16/2013
Decision Date:	11/05/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/15/2014

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 Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 49-year-old female who reported injuries due to a backwards fall from a ladder and landing on a concrete floor on 08/16/2013. On 09/16/2014, her diagnoses included status post left femoral neck fracture, ongoing bilateral knee pain, left hip pain following pinning, low back pain, compensatory use of right lower extremity, severe anxiety and depression, history of possible MI with elevated cardiac enzymes, and urinary incontinence. On 08/13/2014, she had an internal medicine consultation. Her diagnoses included poorly controlled hypertension, Takotsubo cardiomyopathy, and deep vein thrombosis with pleural effusion. Her medications included Xanax 0.5 mg, Klonopin 1 mg, carvedilol 25 mg, Bystolic 5 mg, Isordil 30 mg, Xarelto 20 mg, and nitroglycerin as needed. She received new prescriptions for Coreg 25 mg, Paxil 20 mg, and clonidine 0.1 mg. There was no rationale or Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #90: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance develops in weeks to months. Long term use may increase anxiety. A more appropriate treatment for anxiety is an antidepressant. The submitted documentation revealed that this worker had been using Xanax since 08/13/2014, which exceeds the recommendations in the guidelines. Additionally, there was no frequency specified in the request. Therefore, this request for Xanax 0.5 mg #90 is not medically necessary.

Klonopin 1mg #30: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance develops in weeks to months. Long term use may increase anxiety. A more appropriate treatment for anxiety is an antidepressant. The submitted documentation revealed that this worker had been using Klonopin since 08/13/2014, which exceeds the recommendations in the guidelines. Additionally, there was no frequency specified in the request. Therefore, this request for Klonopin 1 mg #30 is not medically necessary.