

Case Number:	CM14-0113820		
Date Assigned:	08/06/2014	Date of Injury:	07/19/2011
Decision Date:	09/14/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/21/2014

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. 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: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female, who sustained an industrial injury on 7-19-2011. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical disc disease, radiculitis, status post cervical dissection and effusion, left shoulder impingement with frozen shoulder, right shoulder impingement, sciatica, bilateral internal derangement of the knees, gait disturbance and depressive mood disorder. Treatments to date include activity modification, anti-inflammatory, analgesic, epidural injection, and left sacroiliac joint injection. Currently, she complained of neck pain with radiation down left upper extremity and down bilateral lower extremities. There was report of locking and giving way of bilateral knees. On 5-18-14, the physical examination documented multiple areas of tenderness, muscle spasm and trigger points. There was decreased cervical and lumbar range of motion. There was effusion noted in bilateral knees and mild laxity in the left. Decreased sensation was noted in bilateral upper and lower extremities. There were multiple positive provocative tests documented. The plan of care included a request to authorize durable medical equipment including medial unloader brace for the left knee and a prescription for Xanax 1mg #60 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Unloader Brace for the Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter: Unloader (Valgus) Knee Brace, Prefabricated knee braces.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Unloader Brace.

Decision rationale: Regarding the request for unloader brace, Occupational Medicine Practice Guidelines do not contain criteria for the use of unloader braces. ODG guidelines state that unloader braces are designed specifically to reduce pain and disability associated with osteoarthritis of the medial compartment of the knee. Within the documentation available for review, there is no indication that the patient has medial compartment arthritis of the knee. In the absence of such documentation, the current request for unloader brace is not medically necessary.

Xanax 1mg #60, with three refills: Upheld

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

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

Decision rationale: Regarding the request for Xanax (alprazolam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines 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. 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." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Xanax (alprazolam) is not medically necessary.