

Case Number:	CM13-0019197		
Date Assigned:	10/11/2013	Date of Injury:	04/06/2004
Decision Date:	02/19/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency 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 physician 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 42-year-old male who was injured on May 24, 2010 when he was working as a police officer. MRI done on July 2, 2013 showed degenerative disease at C5-6 and C6-7 stenosis of the spinal canal and foraminal stenosis bilaterally at C6-7. The patient had a prior injury in his neck and had undergone cervical spinal surgery for that injury on November 22, 2004. The patient was continuing to experience neck pain, headaches, and low back pain. Physical examination did not reveal any motor or sensory abnormalities. The patient was being treated with medications. Requests for authorization for Xanax 1 mg #30 with one refill and Lexapro 20 mg # 30 with one refill were submitted on July 19, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1 mg #30 with one (1) refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Page(s): 23.

Decision rationale: Xanax is a Benzodiazepine and Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence.

Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. 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. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The request is denied.

Lexapro 20 mg #30 with one (1) refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Page(s): 13-14.

Decision rationale: Lexapro is an antidepressant, specifically a selective serotonin reuptake inhibitor (SSRI). SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo). Reviews that have studied the treatment of low back pain with tricyclic antidepressants found them to be slightly more effective than placebo for the relief of pain. A non-statistically significant improvement was also noted in improvement of functioning. SSRIs do not appear to be beneficial. Medical efficacy for SSRIs has not been established for spinal pain or radiculopathy. The request is denied.