

Case Number:	CM13-0026859		
Date Assigned:	03/19/2014	Date of Injury:	05/26/2003
Decision Date:	05/29/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/20/2013

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 and Rehabilitation, 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 77 year old female with date of injury of 05/26/2003. The listed diagnoses per [REDACTED] dated 08/20/2013 are lumbar strain with L3 compression fracture and right greater than left lumbar radiculopathy, status post left lower rib fracture confirmed by bone scan with current significant left lower ribcage pain, improving, coccygeal fracture with coccygodynia, right ankle strain, resolved, cervical strain, mostly right-sided, post traumatic headaches, mid thoracic strain and secondary depression due to chronic pain. According to progress report dated 08/20/2013 by [REDACTED], the patient complains of low back pain with radiation to both lower extremities, worse on the left than the right side. She also complains of left lower ribcage pain, coccygeal pain, neck pain and headaches. She also reports intermittent stomach upset due to medication use. Objective findings show the patient's mood and affect are mildly depressed. There is moderate tenderness and spasm of the paralumbar muscles bilaterally. Straight leg raise is positive to the right at 70 degrees and 80 degrees on the left in sitting position. Lasegue's test is mildly positive bilaterally. Paracervical muscles showed slight spasm bilaterally. Spurling's sing is negative on both sides. The provider is requesting Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 0.5 MG: 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: This patient presents with chronic low back pain radiating to the lower extremities. The provider is requesting a refill for Xanax for anxiety due to chronic pain. Utilization review dated 09/09/2013 modified the request for 1 prescription of Xanax to allow for appropriate weaning/tapering process through to completion. The California MTUS guidelines p24 for benzodiazepine states: "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. A review of records from 05/16/2013 to 12/03/2013 show that the patient has been taking Xanax since 05/16/2013." In this case, California MTUS does not support the use of benzodiazepines for more than 4 weeks in chronic pain patients. A review of the reports show that this patient has been on Xanax for quite some time. Recommendation is for denial.