

Case Number:	CM13-0027654		
Date Assigned:	11/22/2013	Date of Injury:	10/30/2001
Decision Date:	04/17/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 reported an injury on 10/30/2001. The mechanism of injury was noted to be the patient tripped over a box on the floor, broke her fall, and twisted her low back. The patient had an L4-5 and L5-S1 fusion on 11/12/2002 with a revision surgery on 08/04/2005 and a revision surgery on 01/25/2009 with a removal of the posterior instrumentation bilaterally on 04/01/2013. The patient's diagnosis as of 08/09/2013 was lumbar post-laminectomy syndrome. The patient's medication history included Xanax, Avinza, and Soma as of 2012 and as of early 2013, Lidoderm and Zoloft were added. The documentation indicated the patient's medications provided her with pain relief and preservation of functional capacity. The patient was in the office for medication refills

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 2 MG TABLET 1 TABLET THREE TIMES A DAY PM FOR 30 DAYS, DISPENSE 90 TABLET: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 66. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN , BENZODIAZEPINES, 66

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

Decision rationale: California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependence. The clinical information submitted for review indicated the patient has been on the medication since 2012. Therefore, continued use would not be supported. There was a lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations. Given the above, the request for Xanax 2 mg tablet 1 tablet three times a day pm for 30 days, #90 is not medically necessary