

Case Number:	CM13-0033678		
Date Assigned:	12/06/2013	Date of Injury:	10/13/2008
Decision Date:	05/14/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/10/2013

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 and is licensed to practice in Texas and Oklahoma. 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 an injury on 10/13/2008. The mechanism of injury was not provided. The documentation indicated that the injured worker had been utilizing Xanax, Prozac, and Ambien since 07/2013, and the documentation of 08/12/2013 revealed that the injured worker had complaints of low back pain, which was improved following a three (3) level lumbar fusion on 09/25/2012. It was indicated that the injured worker's pain was manageable on oral analgesic medications and trigger point injections. The medications were noted to be beneficial. The medications included Norco 10/325 mg, Ultram ER 150 mg, Topamax 50 mg, Prilosec 20 mg, Zanaflex 4 mg, Dendracin topical cream, Xanax 0.5 mg, Synovacin, Anaprox 550 mg, and Neurontin 600 mg. The diagnoses included lumbar myoligamentous injury with associated facet arthropathy, lumbar facet syndrome, bilateral lower extremity radiculopathy, medication induced gastritis, bilateral knee internal derangement, status post arthroscopic right knee surgery on 03/08/2012, and status post posterior lumbar interbody fusion (PLIF) L3 through S1 on 09/25/2012. The treatment plan included a third Synvisc injection, trigger point injections, medication refills, and a return visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR XANAX 0.5MG #30, ONE TO TWO (1-2) TABLETS AT BEDTIME: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
BENZODIAZEPINES Page(s): 24.

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

Decision rationale: The Chronic Pain Guidelines do not recommend the use of benzodiazepines as treatments for patients with chronic pain for longer than three (3) weeks, due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for a month. There was a lack of documentation of objective functional improvement and exceptional factors to continue usage. Given the above, the request for retrospective Xanax 0.5mg #30, one to two (1-2) tablets at bedtime is not medically necessary.