

Case Number:	CM13-0036156		
Date Assigned:	02/03/2014	Date of Injury:	04/13/2011
Decision Date:	06/11/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/18/2013

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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 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:

This 56 year old male injured worker with date of injury 4/13/11 with related neck pain, and bilateral shoulder pain. Per 10/24/13 progress report, he was feeling better in regard to his right knee; he was two months post-op for medial meniscus tear and he had chondromalacia as well. MRI of the cervical spine, date unknown, revealed disc desiccation at C2-C3 through C5-C6 and there was an annular tear at C5-C6. At C4-C5, there was bilateral nerve foraminal stenosis with a 2mm bulge, at C5-C6 there was diffuse disc bulge with a 3mm and neuroforaminal stenosis, at C6-C7 there were osteophytes and diffuse disc bulge with a 1.4mm herniation, and at C7-T1 there was a diffuse disc bulge and bilateral facet hypertrophy. He has been treated with physical therapy and medication management. The date of UR decision was 9/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 1MG #60: 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: With regard to benzodiazepines, MTUS 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. 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." The documents submitted for review indicate that this treatment is used for sleep. With regard to insomnia, ODG guidelines "recommend that treatment be based on the etiology, with the medications recommended below. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." The documentation submitted for review do not provide information regarding sleep onset, sleep maintenance, sleep quality or next day functioning to support the medical necessity of a sleep aid. Furthermore, Xanax is not recommended for long term use, the request is not medically necessary.