

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0037751 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 01/12/2004 |
| Decision Date: | 04/14/2014 | UR Denial Date: | 10/16/2013 |
| Priority: | Standard | Application Received: | 10/24/2013 |

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 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 45-year-old sustained an injury on 1/12/04 while employed by [REDACTED]. Requests under consideration include one prescription of Xanax 0.25 mg, 60 count, and one prescription of Zanaflex 4 mg, 90 count. Report of 9/24/13 from the provider noted the patient's overall condition to be stable. The patient uses the spinal cord stimulator on a daily basis and has discontinued Kadian for MS Contin and is now requesting to return to just Norco. Exam findings noted vital signs. Diagnoses include multi-level thoracic disc protrusion (MRI evidence of disc herniation at T7-8 and T8-9); s/p spinal cord stimulator permanent placement; chronic pain; and myofascitis. On 10/16/13, the request for Xanax was modified from #60 to #48 and Zanaflex was non-certified citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF XANAX 0.25MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: Xanax (Alprazolam) is indicated for the management of anxiety disorder. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Alprazolam is an anti-anxiety medication in the benzodiazepine family which inhibits many of the activities of the brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, benzodiazepines are 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 as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered. The request for one prescription of Xanax 0.25 mg, 60 count, is not medically necessary and appropriate.

ONE PRESCRIPTION OF ZANAFLEX 4MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2004. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains not working. The one prescription of Zanaflex 4 mg, 90 count, is not medically necessary and appropriate.