

Case Number:	CM13-0042356		
Date Assigned:	12/27/2013	Date of Injury:	03/27/1990
Decision Date:	02/18/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management & 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 physician 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 56 YO male with a date of injury of 03/27/1990. The listed diagnoses per [REDACTED] dated 11/19/2013 are: 1. Chronic pain syndrome 2. Chronic low back pain According to report dated 10/22/2013 by [REDACTED], patient has chronic low back pain. Examination showed tenderness over the splenius capitus and superior trapezius bilaterally. Patient was also noted to have ileolumbar tenderness on flexion at the waist to knee and on extension. Current list of medication include Norco, Valium and Mobic. It was noted that Norco and Xanax allows the patient to work full time, treating physician states "we have tried to taper off of Alprazolam with another muscle relaxant but were unsuccessful". Request is for Xanax #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax/ Alprazolam 0.25mg 1 po q 4hrs (#180): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: This patient presents with chronic back pain. Treating Physician is requesting Xanax #180 for muscle spasms. Medical records show patient has been prescribed Valium since 04/09/2013 (which is the earliest record provided). Reports also document that Treating Physician has prescribed Xanax #90 on 05/07/2013, Xanax #100 on 07/30/201, Xanax #100 on 08/22/2013 and most recently on Xanax #180 on 10/22/2013. MTUS page 24 states, "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. 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." MTUS guidelines are very clear on long term use of Benzodiazepines and recommends maximum use of 4 weeks due to "unproven efficacy and risk of dependence." Therefore, Decision for Xanax/ Alprazolam 0.25mg (#180) is not medically necessary and appropriate.