

Case Number:	CM13-0044878		
Date Assigned:	12/27/2013	Date of Injury:	12/30/2005
Decision Date:	02/24/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/29/2013

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 Anesthesiologist, , has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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-year-old female who reported an injury on 12/30/2005. The mechanism of injury was not provided for review. As result of the reported injury, the patient developed chronic low back pain radiating into the bilateral lower extremities. The patient's pain was managed with medications to include Xanax 0.25 mg. The patient's medication usage was regularly monitored for aberrant behavior with urine drug screens. Physical findings included tenderness to palpation to the lumbar spine with an increase in muscle rigidity and a positive straight leg raise test bilaterally. The patient's diagnoses included lumbar spine sprain/strain syndrome, L5-S1 herniated disc, bilateral lower extremities radiculopathy, and reactionary depression/anxiety. The patient's treatment plan included continuation of the medication schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25mg #90: 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: The requested Xanax 0.25 mg #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the extended use of benzodiazepines due to the significant risk of psychological and physical dependence. The clinical documentation submitted for review does provide evidence the patient takes this medication daily and has done so for an extended duration of time. Additionally, no information about the efficacy of this medication was provided. Therefore, continued use would not be supported by guideline recommendations. As such, the requested Xanax 0.25 mg #90 is not medically necessary or appropriate.