

Case Number:	CM13-0055665		
Date Assigned:	12/30/2013	Date of Injury:	04/25/2003
Decision Date:	03/28/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/21/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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 50-year-old who reported an injury on 04/25/2003 due to lifting cans at work that reportedly caused injury to the lumbar spine. The patient ultimately failed to respond to surgical intervention. The patient's diagnoses included postlaminectomy syndrome of the lumbar spine, chronic pain syndrome, and depression. The patient's treatment plan included continuation of medications and a home exercise program. The patient's most recent psychiatric progress report documented that the patient had increasing feelings of depression that interfered with sleep hygiene, energy level and appetite. The patient's psychiatric medications included Viibryd 40 mg and Xanax 0.25 mg. The patient's treatment plan included continuation of psychiatric therapy and psychotropic medications with initiation of Abilify.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25 mg, 30 count: 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 Benzodiazepines Page(s): 24.

Decision rationale: The requested Xanax 0.25 mg 2 times a day as needed is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the long-term use of benzodiazepines as there is a significant risk for psychological and physiological dependence. Although the patient is taking this medication as needed, the documentation supports that the patient has been taking this medication for an extended duration. Therefore, continuation of treatment would not be supported. The request for Xanax 0.25 mg, 30 count, is not medically necessary or appropriate.