

Case Number:	CM13-0063347		
Date Assigned:	12/30/2013	Date of Injury:	04/29/2009
Decision Date:	10/09/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/09/2013

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 Illinois. 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:

The injured worker is a 53-year-old male, who reported injury on 04/29/2009 caused by cumulative trauma to multiple body parts. The injured worker's treatment history included physical therapy, acupuncture sessions, MRI studies, and medications. The injured worker was evaluated on 10/15/2013 and it was documented that the injured worker complained of frequent headaches 8/10, constant neck pain 8/10, constant low back pain radiating to the lower extremities with numbness and tingling 8/10, bilateral elbow pain 6/10, bilateral knee pain 7/10, anxiety, insomnia, depression, sexual dysfunction. Provider noted without pain medication, the injured worker stated his pain was 9/10 to 10/10 and with medications was 6/10. Findings: Cervical range of motion was decreased in all planes; lumbar range of motion was decreased in all planes; straight leg raise was positive bilaterally; there was tenderness of the lumbar spine with spasms; right lower extremity sensation decreased at L4-S1. Diagnoses included headaches, brachial neuritis, lumbar disc, lumbar spondylosis, lumbar spinal stenosis, lumbar radiculopathy, bilateral elbow medial epicondylitis, bilateral knee sprain/strain, insomnia, anxiety, depression, and sexual dysfunction. Medications included Norco 10/325 mg, tramadol ER 150 mg, and Xanax "1.0 mg". Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF XANAX 1.0MG, #60: Upheld

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

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

Decision rationale: Chronic Pain Medical Guidelines do not recommend Benzodiazepines 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documents submitted for review lacked evidence of how long the injured worker has been using Benzodiazepines. Furthermore, the request lacked frequency and duration of the medication. In addition, there was lack of evidence providing outcome measurements for the injured worker to include, pain management, physical therapy, and a home exercise regimen. Given the above, the request is not medically necessary.