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| Case Number: | CM13-0069935 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 05/03/2000 |
| Decision Date: | 06/05/2014 | UR Denial Date: | 12/17/2013 |
| Priority: | Standard | Application Received: | 12/23/2013 |

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 & 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 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 patient is a 51-year-old male with a date of injury of 05/03/2000. The listed diagnoses per [REDACTED] are: 1. Right shoulder S/P distal claviclectomy for posttraumatic arthrosis of the acromioclavicular joint. 2. S/P IDET procedure L5-S1. 3. Thoracic sprain/strain, chronic. 4. Lumbar degenerative disk disease and degenerative joint disease of L4-L5 and L5-S1 with disk narrowing. 5. Recent aggravation of prior degenerative disk disease and degenerative joint disease of L4 through S1 of 05/03/2000. 6. Anxiety. 7. Insomnia. According to report 12/04/2013 by [REDACTED], the patient presents with a flare-up of back pain which he rates at 6/10. The pain radiates into his left leg with some numbness of his toes. He is currently not working and he last worked about 4 months ago. He is currently taking Ibuprofen 250 mg or Advil 10 times a day, which is "very dangerous for his liver." Clinical examination states the patient is depressed, and he is in pain. The treating physician recommended injections, at which time, the patient declined. The patient would like to continue only with medication. The treating physician recommends Norco 10/325 mg #60, Prilosec 20 mg #90, Flexeril 7.5 mg #90, and Xanax 1 mg #60 for sleep. Utilization review is dated 12/17/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 1MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp, 18th edition, 2013 Updates, Benzodiazepines.

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

Decision rationale: This patient presents with flareup of low back pain. The treating physician is requesting Xanax 1 mg #60 for sleep. The MTUS Guidelines 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 up to 4 weeks." In this case, the treating physician provides two progress reports for review in the medical file. One from 12/04/2013, and one dated after the utilization review. There is no indication that this patient has taken Xanax before. However, the treating physician is requesting Xanax #60 for sleep. MTUS Guidelines does not recommend long term use of Xanax and recommends maximum use is 4 weeks due to unproven efficacy and risk of dependence. Recommendation is for denial. The Xanax 1mg #60 is not medically necessary and appropriate.