

Case Number:	CM14-0106730		
Date Assigned:	07/30/2014	Date of Injury:	04/07/2009
Decision Date:	10/03/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/10/2014

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, Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 60-year-old who reported an injury on 04/07/2009. The mechanism of injury was not submitted for review. The injured worker has diagnoses of spinal stenosis of the lumbar region, lumbar radiculopathy, degeneration of cervical intervertebral disc, chronic pain syndrome, disorder of bursa of shoulder region, degeneration of lumbar intervertebral disc, and anxiety. Past medical treatment consists of physical therapy, surgery, and medication therapy. Medications include gabapentin, lorazepam, Lunesta, MS Contin, Norco, Xanax, and Zoloft. The injured worker has had psychology evaluations. On 08/11/2014 the injured worker complained of chronic pain. Physical examination revealed that the injured worker had an antalgic gait, favoring the right. The cervical spine was tender to palpation over the paraspinal muscles overlaying the facet joints on both sides. There was 1+ muscle spasm noted over lower paraspinal muscle on both sides. Range of motion of the cervical spine revealed flexion which was limited to 30 degrees, extension which was limited to 15 degrees, right lateral flexion which was limited to 30 degrees, and left lateral flexion which was limited to 30 degrees. The treatment plan is for the injured worker to continue the use of Xanax 1 mg. The rationale and Request for Authorization form are not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1 mg, QTY: 15.00: 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 Xanax Benzodiazepines, Page(s): 24..

Decision rationale: The request for Xanax 1 mg, QTY: 15.00 is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is risk for dependence. Most guidelines limit use for 4 weeks. The injured worker has been prescribed Xanax since at least 05/28/2014, which exceeds the recommended guidelines for short term therapy. There was a lack of efficacy of the medication documented to support continuation of the Xanax. The request as submitted also lacked a frequency and duration of the medication. As such, the request for Xanax 1 mg, QTY: 15.00 is not medically necessary.