

Case Number:	CM14-0010924		
Date Assigned:	02/21/2014	Date of Injury:	09/09/1999
Decision Date:	08/13/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/27/2014

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 Internal Medicine, and is licensed to practice in Washington DC and Virginia. 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:

This is a 60-year-old patient who sustained injury between 1998 and 1998 due to repetitive bending and lifting at work. He was diagnosed with inguinal hernias and a lumbar spine condition for which he suffered with chronic pain. He also suffered from anxiety. In Nov 4 2010, [REDACTED] prescribed him Xanax, Norco, atenolol, finasteride, potassium chloride, magnesium oxide, fiber tabs, lasix, zocor, provigil, carisoprodol, lunesta, prevacid, librax, zantac, celebrex, and cymbalta. [REDACTED] continued these medications on Dec 29 2010, Jan 28 2011, and Feb 24 2011 and beyond.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 0.5MG BID PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26.

Decision rationale: The patient was diagnosed with anxiety and prescribed Xanax. The suggested usage is for 4 weeks. The MTUS guidelines that this is not recommended due to rapid development of tolerance and dependence. This is not medically necessary.

