

Case Number:	CM14-0011327		
Date Assigned:	02/21/2014	Date of Injury:	11/07/1994
Decision Date:	06/25/2014	UR Denial Date:	01/03/2014
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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 56 year old female with a date of injury on 11/07/1994. Subjective complaints are of continue low back and leg pain, described as constant and aching. Pain is rated at 8/10. Patient also has complaints of anxiety and depression that has increased due to husband being sick. Physical exam does not document any positive findings. Medications include phenergan, Flector patch, Lyrica, Oxycodone 30mg, Oxycontin 40mg, and Xanax 1mg twice a day. Xanax was initially prescribed twice a day and then was to be reduced to once a day at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX (ALPRAZOLAM) 1MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (2009), BENZODIAZE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES BENZODIAZEPINES, , 24.

Decision rationale: The California MTUS guidelines do not recommend anxiolytics as first line therapy for stress-related conditions as they can lead to dependence and do not alter stressors or the individual's coping mechanisms. Benzodiazepines in particular are not recommended for long-term use because long-term efficacy is unproven. Most guidelines limit use to 4 weeks, due

to dependence and tolerance that can occur within weeks. For this patient there is no documentation indicating rationale for ongoing benzodiazepine therapy. Therefore, the medical necessity of Xanax is not established.