

Case Number:	CM14-0115690		
Date Assigned:	08/04/2014	Date of Injury:	04/10/2008
Decision Date:	09/24/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/23/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 32-year-old woman who sustained a work related injury on April 10, 2008. Subsequently, she developed back pain. According to a progress report dated June 17, 2014, the patient continued to have chronic back and hips pain. She reported a burning sensation that radiates in the right hip area. She states she had been using Zohydro 50 mg twice daily for pain and thought that it was very helpful in keeping her functional. She states she prefers to stop the Zohydro and continue on Norco to manage her pain. The patient reported 50% reduction in her pain, 50% functional improvement with activities of daily living and work duties with medications versus not taking them at all. The patient rates her pain 8/10 (5/10 at best and 10/10 without medications). Her physical examination of the lower back revealed lumbar tenderness with reduced range of motion and spasm. Motor strength, sensation, and deep tendon reflexes are grossly intact in the lower extremities. The patient was diagnosed with lumbar sprain/strain, insomnia due to pain, anxiety and depression. MRI of the lumbar spine revealed degenerative disc disease and disc herniation at L5-S1. Prior medications include Prozac, BuSpar, Lunesta, and Xanax. The provider requested authorization for Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2 mg, count 90.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. The medication was prescribed for several months without documentation of its efficacy. Therefore the use of Xanax is not medically necessary