

Case Number:	CM14-0122097		
Date Assigned:	08/06/2014	Date of Injury:	11/14/2005
Decision Date:	10/14/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/03/2014

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 Occupational Medicine, 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:

Patient is a 59 year-old male with date of injury 11/14/2005. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/02/2014, lists subjective complaints as pain in the neck, low back, hands and arms. Objective findings: Examination of the cervical spine revealed tenderness to palpation with spasm and hypertonicity. Range of motion was reduced. Tinel's was positive. Diagnosis: 1. cervical degenerative disc disease 2. Lumbar degenerative disc disease 3. Thoracic sprain/strain 4. Cubital tunnel syndrome 5. Myofascial pain. The medical records supplied for review document that the patient had been taking the following medications since 03/21/2014. Medication requested is Xanax 25mg, #60 SIG: b.i.d.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 25Mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 24.

Decision rationale: The MTUS states that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The medical records supplied for review document that the patient had been taking the Xanax since 03/21/2014, for longer than the recommended 4 weeks. Therefore, this request is not medically necessary.