

Case Number:	CM14-0152344		
Date Assigned:	09/22/2014	Date of Injury:	05/22/2001
Decision Date:	10/22/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/18/2014

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; has a subspecialty in Nephrology 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:

This is a 55-year-old male with a date of injury of 5/22/01. The mechanism of injury occurred when he fell on bilateral knees. A UR decision dated 2/28/14 modified a request for Xanax 0.25mg #60 to Xanax 0.25mg #50 for tapering purposes only. A UR dated 3/18/14 modified a request for Xanax (alprazolam) 0.25mg #60 with 6 refills to Xanax 0.25mg #38 for tapering purposes only. On 7/29/14 progress notes list 17 current medications including but not limited to Lorazepam 1mg, Xanax, Lexapro, Baclofen, Cyclobenzaprine, Gabapentin, and Tylenol #3. On 8/13/14, the progress notes stated his knee pain okay per the doctor. On exam of the left knee revealed medial joint line tenderness, lateral joint line tenderness, no tenderness at patellar tendon, and no tenderness at quadriceps tendon. The diagnostic impression is major depression, panic disorder, and chronic pain syndrome. Treatment to date: left knee surgery, physical therapy, medication management, total knee replacement 2007, ESI lumbar, aquatic therapy. A UR decision dated 9/10/14 modified the request for Xanax 0.25mg #50 with 6 refills to Xanax 0.25mg #29 with no refills. The Xanax was modified because guidelines indicate benzodiazepines should not be used for longer than 4 weeks, as there is a risk of tolerance and dependence. According to guidelines, tapering is required if used for longer than 2 weeks. CA MTUS does not specifically address Xanax, and OGD guidelines do not recommend Xanax for long-term use, and indicate Xanax has been shown to be significantly more toxic than other benzodiazepines if more than the prescribed amount is taken. The patient has utilized this medication since at least 1/10/13 and despite long-term use of Xanax, the patient continues with chronic pain and psychological symptoms. In the absence of significant clinical findings to warrant continued treatment with Xanax, weaning is appropriate. This medication was previously certified at #38 tablets to allow for a safe tapering schedule. Therefore, the request was modified to Xanax #29 tablets for purposes of continued tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25mg #50 with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. However, the patient has been on Xanax since at least 1/10/13, and it was also noted that he is taking Lorazepam 1mg, also a benzodiazepine. 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 guidelines do not support the long-term use of benzodiazepines due to risk of dependence and abuse. It is also noted he is on Lorazepam 1mg in addition to Xanax 0.25mg. A UR decision dated 2/28/14 and another UR decision dated 3/18/14, both modified the requests for Xanax 0.25mg #60 and #60 with 6 refills to #50 and #38 with no refills, respectively, for purposes of tapering and weaning only. The UR dated 9/10/14 modified the request for Xanax 0.25mg #60 with 6 refills to Xanax 0.25mg #29 with no refills for tapering purposes only. Therefore, the request for Xanax 0.25mg #60 with 6 refills was not medically necessary.