

Case Number:	CM14-0166261		
Date Assigned:	10/13/2014	Date of Injury:	09/01/2004
Decision Date:	11/19/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/08/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 1, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of acupuncture; opioid therapy; earlier lumbar laminectomy; and anxiolytic medications. In a Utilization Review Report dated September 30, 2014, the claims administrator approved a request for Norco while denying a request for Xanax. The applicant's attorney subsequently appealed. In a progress note dated October 1, 2014, the applicant reported ongoing complaints of low back and leg pain. The applicant was reportedly using Norco four to six tablets a day, Kadian, and Zoloft. It was stated that the applicant was using Xanax as needed for anxiety. The applicant reported 10/10 pain without medications versus 5/10 pain with medications. In another section of the note, it was stated that the applicant was using Xanax up to three times daily. The stated diagnoses included postlaminectomy syndrome, radiculitis, dysthymia, and chronic pain syndrome. Multiple medications were refilled, including 75 tablets of Xanax (Alprazolam).

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, it appears that the attending provider and/or applicant are intent on using Xanax for chronic, long-term, and/or scheduled-use purposes, for anxiolytic effects. This is not an ACOEM-endorsed role for the same. The 75-tablet, one-month supply of Xanax sought does run counter to ACOEM principles and parameters. Therefore, the request is not medically necessary