

Case Number:	CM14-0169121		
Date Assigned:	10/17/2014	Date of Injury:	11/22/1996
Decision Date:	11/19/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/14/2014

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:

According to the records made available for review, this is a 62-year-old female with an 11/22/96 date of injury. At the time (10/1/14) of decision for 3 Xanax 0.25mg quantity 90, refills 3, there is documentation of subjective (ongoing radiating back pain and myospasms in the lumbar paraspinal muscles) and objective (not specified) findings, current diagnoses (status post posterior lumbar interbody fusion, status post hardware removal and exploration of fusion, and lumbar radiculopathy), and treatment to date (epidural steroid injection and medications (including ongoing treatment with Xanax since 4/2/14)). There is no documentation of intention to treat over a short course (up to 4 weeks) and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Xanax use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Xanax 0.25mg Quantity 90, Refills 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman & Gilman's the Pharmacological Basis of Therapeutics 12th Ed. McGraw Hill 2010

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post posterior lumbar interbody fusion, status post hardware removal and exploration of fusion, and lumbar radiculopathy. However, given documentation of records reflecting prescriptions for Xanax since at least 4/2/14, there is no documentation of intention to treat over a short course (up to 4 weeks). In addition, given documentation of ongoing treatment with Xanax, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Xanax use to date. Therefore, based on guidelines and a review of the evidence, the request for 3 Xanax 0.25mg Quantity 90, Refills 3 is not medically necessary.