

Case Number:	CM14-0169366		
Date Assigned:	10/17/2014	Date of Injury:	12/08/2010
Decision Date:	11/19/2014	UR Denial Date:	09/24/2014
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 ABIM 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 injured worker (IW) is a 55-year-old woman with a date of injury of December 8, 2010. Pursuant to the progress note dated April 10, 2014, the IW complains of neck pain that radiates down the left arm, lower back pain, and left shoulder pain. She characterizes her pain quality as aching, dull, sharp, shooting, and throbbing. Her current pain is 5/10. Her pain without medications is 10/10. Her pain when taking medication has been 3/10. She rates the neck and arm pain at 60% and 40%, respectively. In addition to pain, the IW also reports difficulties with activities of daily living. Exacerbating factors include bending, flexing, physical activity, sitting, squatting, standing, and walking. Alleviating factor includes change in position, medications, warm baths, and alternating ice packs and heating pad. Diagnoses include chronic neck and low back pain, cervical and lumbar radiculopathy, post-laminectomy syndrome and left shoulder impingement syndrome. Current medications include Motrin 800mg, Percocet 10/325mg, Flexeril 7.5mg, and Xanax 0.5mg. The IW participated in a pain management group August 20, 2012 through October 15, 2012. Material covered consisted of self-determination, dealing with feelings, the value of exercise, being positive, adjusting to life, self-esteem, faith, assertiveness, the value of meditation, healing, and family relationships. The IW missed 6 of the 16 sessions. The IW verbalized that she got nothing out of the program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 0.5 mg #90 is not medically necessary. The guidelines state and Benzodiazepines are not recommended for long-term use because their long-term efficacy is unproven and there is a risk of dependence. Chronic benzodiazepine use is the treatment of choice in very few conditions. Tolerance to the hypnotic effects develops rapidly. Tolerance to the anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this case, the injured worker has been taking Xanax, at a minimum, for over a year. The treating physician's progress note states the injured worker participated in a pain management program. She missed six out of six sessions. It is unclear from the medical record as to what the exact indication is for the Xanax, and the injured worker has been taking the Xanax for greater than a year. Benzodiazepines (like Xanax) are not indicated for long-term use, efficacy is unproven, and there is a risk of dependency. Consequently, Xanax is not medically necessary.