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| Case Number: | CM14-0178756 | | |
| Date Assigned: | 11/03/2014 | Date of Injury: | 09/24/1996 |
| Decision Date: | 12/08/2014 | UR Denial Date: | 10/22/2014 |
| Priority: | Standard | Application Received: | 10/28/2014 |

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 Family Practice 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 is a 61 year old male with a work injury on 9/24/96 involving the neck, wrists and right shoulder. He was diagnosed with cervical disk disease and underwent cervical spine fusion in 1998. In addition, he was diagnosed with carpal tunnel syndrome. A progress note on 4/22/14 indicated the claimant had 4/10 pain with medications. He had been on Oxycontin and Vicoprofen for pain. He had been on Xanax at the time for anxiety. A progress note on 8/12/14 indicated Xanax helped him "relax a bit." His pain at the time was 4/10. Exam findings were notable for diminished range of motion of the cervical spine. He was continued on the Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #60, take 1 BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 78.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and

there is a risk of addiction. Most guidelines limits its use of 4 weeks and its range of action include: sedation, anxiolytic, anti-convulsant and muscle relaxant. The claimant had been on Xanax for over 6 months. The continued and chronic use of Xanax is not medically necessary.