

Case Number:	CM14-0180018		
Date Assigned:	11/04/2014	Date of Injury:	06/25/2010
Decision Date:	12/10/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/30/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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:

Medical Records reflect the claimant is a 62 year old female who sustained a work injury on 6-25-10. Office visit on 9-24-14 notes the claimant has more pain in the mid back, low back, buttocks, and right knee with occasional radiation to the right lower extremity. The claimant rated her pain as 6-7/10 currently and 2/109 at best with medications and chiropractic treatment. Her pain is 7-8/10 at worst. The claimant reports constipation. Her current medications include Wellbutrin, Diclofenac and Omeprazole. On exam, the claimant had limited range of motion of the lumbar spine, pain with palpation and muscle spasms. SLR is negative. Strength is 5/5 in the upper and lower extremities. The claimant has severe anxiety and was prescribed Alprazolam.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Rx 9/24/14 Alprazolam (Xanax) 0.25 mg # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter- benzodiazepines

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that benzodiazepines 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. Additionally, objective diagnostic testing noting the diagnosis of anxiety has not been performed. Therefore, the medical necessity of this request is not established.