

Case Number:	CM14-0020305		
Date Assigned:	04/25/2014	Date of Injury:	02/02/2013
Decision Date:	07/07/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopedic Surgery 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:

The injured worker is a 40-year-old male who sustained injury to her neck on 02/03/13. The mechanism of injury was not documented. A clinical note dated 03/31/14 reported that the injured worker complained of constant neck pain 8/10 VAS. She stated that she feels the same since the previous visit. Medications included Xanax and Naproxen. Physical examination noted Morbidity: 5'2", 164 pounds; ambulation without assistive devices; tenderness to light touch in the posterior aspect of the cervical spine, but no paravertebral muscle spasm noted; Vertex compression test to a like degree reproduces pain not only in the neck, but lower back and manual cervical traction to a light degree likewise also produces similar symptoms. There was no torticollis.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 1.0MG #60: Upheld

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

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

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The patient has exceeded the 4 week treatment window. As such, the request for Xanax 1.0mg #60 cannot be recommended at this time.