

Case Number:	CM14-0024650		
Date Assigned:	02/28/2014	Date of Injury:	07/24/2010
Decision Date:	06/30/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/26/2014

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 has a subspecialty in Interventional Spine 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:

This patient is a 51-year-old female with date of injury 07/24/2010. Per treating physician's report, 07/15/2013, patient has chronic pain history involving left hip, low back, leg, knees with good and bad days, pain intensity at 8/10 to 10/10 with knee giving out. Patient relies on cane for ambulation, uses wheelchair when she has to travel longer distances. Current medications include Suboxone and Xanax 2 mg 2 to 3 a day, and Percocet 10/325 every 4 hours. Listed diagnoses are: 1. Joint pain, pelvis. 2. Joint pain, leg. 3. Lumbar disk displacement. 4. Chronic pain syndrome. Prescription was for Xanax 2 mg 3 times daily as needed #90 and Suboxone. Patient discontinued the Percocet. Review of report from 06/17/2013 also lists Xanax to be taken 3 times a daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 2MG #60: Upheld

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

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

Decision rationale: This patient presents with chronic shoulder, knee, low back pain. The current request is for Xanax 2 mg #60. MTUS Guidelines do not support long-term use of benzodiazepine. If it is used, it is recommended only for short-term use and to address short-term problems. Review of the reports shows that this patient has been prescribed Xanax 2 mg #60 to #90 pills on a monthly basis based on review of the 06/13/2013 report and 07/15/2013. Given that this medication is used on a long-term basis without time limitation for short term, recommendation is for denial. There are no discussions in the progress reports regarding what this medication is doing for the patient either. The patient continues to be at significantly high-level of pain at 8/10 to 10/10 and there is no discussion regarding how Xanax is used and with what benefit. Therefore, the request for Xanax 2mg #60 is not medically necessary and appropriate..