

Case Number:	CM14-0025988		
Date Assigned:	06/13/2014	Date of Injury:	02/16/1994
Decision Date:	07/16/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine & Rehabilitation 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 47 year old male with reported injury of 02/16/1994. The injured worker had an exam on 01/21/2014 with complaints of pain on scale of 5/10. He has a history of lumbago. His medications are Lisinopril, Oxycodone, Voltaren 1% gel and Xanax. The injured worker did have a lab urinalysis on 10/23/2013 showing positive for benzodiazepines. There is a lack of documentation of a psychiatric evaluation. There were not provided addiction assessments or pain management evaluations. The request for authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 2 MG #75: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for Xanax 2mg #75 is not medically necessary. The California MTUS Guidelines does not recommend long-term use of benzodiazepines and that there is a risk of psychological and physical dependence or frank addiction. There was not any documentation

provided on psychiatric assessments or evaluations provided. There is a lack of documentation on the symptoms of the injured worker nor the rationale for taking this medication. The California MTUS Guidelines also recommend to limit the use to four weeks. There is no evidence of weaning this medication. The request does not specify use or directions on how the medication is to be taken. Therefore, the request for Xanax is not medically necessary.