

Case Number:	CM14-0030620		
Date Assigned:	06/20/2014	Date of Injury:	10/13/2003
Decision Date:	08/12/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/11/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 52-year-old male who reported an injury on 10/13/2003. The mechanism of injury was not provided. On 04/17/2014, the injured worker presented with pain in the right shoulder, neck, and right hip. Upon examination of the posterior lumbar musculature, there was tenderness to palpation bilaterally with increased muscle rigidity and the sensory examination was decreased along the posterior lateral thigh and posterior lateral calves bilaterally. There was a positive straight leg raise bilaterally. The examination of the right hip revealed pain and tenderness to palpation over the greater trochanter. The medications include Norco, Fexmid, Prilosec, Synovacin, Xanax, Cialis, Zanaflex, Levitra, Zolofl, Topamax, and Soma. The diagnoses were right hip open reduction and internal fixation, bilateral lower extremity neuropathic pain, medication-induced gastritis, right knee internal derangement, hypogonadism, and right shoulder sprain/strain. The provider recommended a prescription of Xanax 1 mg with a quantity of 30, for episodes of anxiety due to the injured worker's current physical condition. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Xanax 1 mg #30: Upheld

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

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

Decision rationale: The request for Xanax 1 mg, with a quantity of 30, is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines or Xanax for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use for 40 weeks. The injured worker has been prescribed Xanax since at least 02/2014. This exceeds the guideline recommendation for short-term therapy. There is a lack of efficacy of the medication documented to support continued use, and the frequency of the medication was not provided in the request as submitted. Therefore, based on the documents provided, the request is not medically necessary.