

Case Number:	CM14-0037384		
Date Assigned:	03/31/2014	Date of Injury:	02/20/2008
Decision Date:	05/20/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/28/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 20, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier lumbar laminectomy and fusion surgery; and anxiolytic medications. In a Utilization Review Report of February 26, 2014, the claims administrator denied a request for Xanax. The claims administrator's decision was very difficult to follow and did not utilize a single paragraph space anywhere in the body of the report. The applicant's attorney subsequently appealed. A February 26, 2013 progress note was notable for comments that the applicant carries diagnoses of chronic low back pain status post fusion surgery, chronic neck pain, sleep deprivation, stress, anxiety, and depression. The applicant was described as totally temporary disabled on an office visit of June 26, 2013. The applicant's medication list was not clearly detailed on this or other progress notes. On May 1, 2013, the applicant was described as using Zanaflex, Norco, Dilaudid, Naprosyn, Wellbutrin, Xanax, Prozac, Prilosec, medical marijuana, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 1MG, TWICE A DAY #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Anxiolytics.

Decision rationale: As noted in the MTUS-adopted ACOEM Practice Guidelines in Chapter 15, page 402, anxiolytic medications such as Xanax may be appropriate for brief periods in cases of overwhelming symptoms. They are not recommended for chronic, long-term, and/or scheduled use purposes for which they are being proposed here. It is further noted that the applicant has used this medication in combination with numerous other analgesic, psychotropic, and adjuvant medications and has failed to derive any lasting benefit or functional improvement from the same. The applicant continues to report issues with stress, anxiety, and sleep disturbance and remains off of work, on total temporary disability. Therefore, the request for Xanax is not medically necessary.