

Case Number:	CM14-0039393		
Date Assigned:	06/27/2014	Date of Injury:	03/27/2009
Decision Date:	08/13/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/03/2014

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 ABFP 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 56 yr. old female patient sustained a work injury on 3/27/09 involving the low back and right shoulder. She was diagnosed with spondylolisthesis L4-L5, L3-L4 and L4-L5 disc degeneration / foraminal stenosis and L3, L5 radiculopathy. A progress note on 12/20/13 indicated she had continued low back pain for which she took Norco. There was 10/10 pain in the neck with numbness in the right shoulder. Range of motion was diminished in the lumbar region in flexion and extension. Her hip strength was reduced on the right side. The treating physician recommended spinal fusion of the thoracic region and osteotomies in the lumbar region. An authorization was requested for Oxycontin and she was continued on her current medication of Percocet, Norco, Xanax (Alprazolam) and Zanaflex. A progress note on 6/6/14 indicated she had undergone surgery (L3-S1 interbody fusion) and therapy. She was taking Zanax, Oxycodone, Oxycontin, Zanaflex and Lyrica for pain and spasms. She had palpatory tenderness in the lumbar paraspinal region and decreased sensation in the L4-S1 dermatomes. She was continued on her Xanax and weaned off her opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1 MG Tablet Quantity 45: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Xanax (Alprazolam), a benzodiazepine, is 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The patient had been on Xanax for several months for the unspecified but likely use of muscle relaxant and spasms. As noted above, it is indicated for a short period of time and tolerance can develop. The continued use of Xanax is not medically necessary.