

Case Number:	CM14-0040142		
Date Assigned:	06/27/2014	Date of Injury:	02/01/1999
Decision Date:	07/28/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/04/2014

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:

This is a 61 year old male who sustained an injury on 02/01/1999 while he was lifting heavy lumber causing pain in his neck and lower back. Treatment history includes medications, physical therapy, injection, and status post cervical fusion at C5-7 and lumbar fusion at L5-S1. Medication treatment includes Oxycodone, OxyContin, Xanax, Imitrex, Baclofen, Flector Patch, and Lidoderm Patch. A urine drug screening dated 05/01/2014 showed no medications detected. A most recent progress report dated 06/12/2014 indicates patient complained of ongoing pain and stiffness to his cervical spine. The patient complained of continued and increased pain to his lumbar spine radiating down both lower extremities with numbness, tingling, and weakness to legs. The patient also complained of increasing anxiety, depression, stress, difficulty sleeping, and sexual dysfunction. On physical exam, there was tenderness to palpation over paraspinal musculature with spasticity in cervical and lumbar spine. ROM of cervical and lumbar spine was limited. Sensory response over the C5, C6, and C7 nerve roots was decreased on both right and left sides. Sensation over L4, L5, and S1 nerve roots on the right and left side was decreased. Reflexes and pulses were normal and equal bilaterally in upper extremities. Patellar and Achilles reflexes were decreased 1+ bilaterally. EHL, extensor digitorum longus, and tibialis anterior strength was 4+/5 bilaterally. The patient was diagnosed with status post cervical and lumbar spine surgery with residual symptoms, failed back syndrome, lower extremity radiculopathy, nodules with drainage, thoracic spine and lumbar spine, etiology unknown, possibly related to chronic patch usage, and psychological sequelae secondary to industrial injury. The UR dated 03/13/2014 indicates that the request for Xanax XR is non-certified because it is not recommended for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax XR 1 mg 60's: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, long-term use of benzodiazepines is not recommended as efficacy is not established, and there is a risk of dependence. However, the patient is prescribed Xanax on a chronic basis without documentation of clinically significant functional benefit. Medical necessity is not established. As such, the request is not medically necessary and appropriate.