

Case Number:	CM14-0042205		
Date Assigned:	06/30/2014	Date of Injury:	05/09/2002
Decision Date:	08/22/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/09/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 53-year-old male who reported an injury on 05/09/2002. Prior treatments included a fusion. The medications included OxyContin 30 mg, Limbrel 500 mg, Ambien CR 12.5 mg, Senokot 1 to 2 daily, Xanax 0.25 mg, Sancuso patch for nausea, Zofran ODT 8 mg, Soma 350 mg, Baclofen 20 mg, and Percocet 10/325 mg. The medication history included Xanax as of 11/19/2013. Other therapies included physical therapy. The documentation of 03/11/2014 revealed the injured worker had complaints of right arm pain and numbness along with bilateral shoulder pain and low back pain to the left. The injured worker was noted to be utilizing Xanax and paying for it. The injured worker had undergone an magnetic resonance imaging (MRI) of the cervical spine and lumbar spine. The diagnoses included neck pain with right arm pain, cervical radiculopathy status post radiofrequency ablation of the left cervical medial branch block, and an anterior cervical discectomy and fusion in 02/2007 at C5 and C6, status post right shoulder arthroscopy for impingement, myofascial pain and spasms, and low back pain to the left. As such, the diagnoses included cervicalgia, cervicocranial syndrome, spasm of muscle, and post laminectomy syndrome of the cervical region. The treatment plan included a renewal of all medications including Xanax and Soma. The documentation indicated the injured worker had been utilizing the medication appropriately and was aware of the risks of Benzodiazepines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25mg one to two time daily #45: 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: The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend Benzodiazepines as a treatment for injured workers with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 11/2013. There was a lack of documentation of objective functional benefit. Given the above, the request for Xanax 0.25mg one to two time daily #45 is not medically necessary.