

Case Number:	CM14-0043214		
Date Assigned:	06/20/2014	Date of Injury:	01/23/2007
Decision Date:	07/24/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/17/2014

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 Nevada. 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 49-year-old female injured on January 23, 2007. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated February 10, 2014, indicates that there are ongoing complaints of low back pain. The physical examination was "deferred" and no particular clinical information was presented for review. Diagnostic imaging studies were not offered in this report. Previous treatment includes lumbar fusion surgery, postoperative care, and multiple medications. A request had been made for the medication Xanax and was not certified in the pre-authorization process on March 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, and page 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 of 127.

Decision rationale: This medication is indicated for the treatment of anxiety disorders and panic disorders. There is a relatively high abuse potential noted in Chronic Pain Medical Treatment Guidelines. Most guidelines limit this medication to approximately 4 weeks. The progress notes

did not present any clinical indication as to why an indefinite use of this medication would be supported. The request, therefore, is not medically necessary.