

Case Number:	CM14-0045322		
Date Assigned:	06/27/2014	Date of Injury:	11/14/2003
Decision Date:	07/31/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/01/2014

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 & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 60-year-old male with a date of industrial injury of November 14, 2003. The patient has diagnoses of lumbar degenerative disc disease, lumbar radiculopathy, and chronic low back pain. The disputed issue is a prescription for Xanax. A utilization review determination on March 24, 2014 decided that the Xanax should be tapered. The cited rationale was that guidelines do not recommend long-term use of benzodiazepines gritted and 4 weeks. Therefore a recommendation was made to modify the amount of Xanax from 60 pills to 48 pills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25 #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, muscle relaxantsWeaning of medications.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines on page 66 states that benzodiazepines are not recommended due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over non-benzodiazepines for the treatment of spasm. Furthermore, the Chronic Pain Medical Treatment Guidelines on page 24

states that benzodiazepines are 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. A relevant discussion of Xanax is present in a progress note that is dated April 4, 2013. In this document, the requesting provider states that medications help to manage pain and if he doesn't take it, he is not functional. The treatment plan recommended a refill in Xanax with no change in supply. Later progress note in June 2013 recommended continuation of Xanax. This is in contrast to guidelines which recommend benzodiazepines as a short-term option only. The request for a full supply of Xanax is not medically necessary.