

Case Number:	CM14-0049026		
Date Assigned:	06/25/2014	Date of Injury:	12/06/2005
Decision Date:	07/25/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/26/2014

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 Neurological Surgery 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 59 year old gentleman was reportedly injured on December 6, 2005. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated March 5, 2014 indicates that there are ongoing complaints of low back pain. The physical examination demonstrated objectified no acute distress, sensory intact, motor 5/5, and some tenderness to palpation. Previous treatment includes multiple medications, conservative care, with no noted efficacy or utility. A request was made for Xanax and was not certified in the pre-authorization process on March 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Xanax 0.5mg #60 with three refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (Chronic).

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

Decision rationale: Xanax 5mg is not recommended for long-term use because long-term efficacy is unproven and, and as outlined in the MTUS, there is a high risk for abuse potential

and there is a risk of dependence. Most guidelines limit use of this medication to four weeks. Furthermore, 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. As such, this is not medically necessary.