

Case Number:	CM14-0051212		
Date Assigned:	06/23/2014	Date of Injury:	06/29/2009
Decision Date:	07/22/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/21/2014

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 and is licensed to practice in Illinois. 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 woman who reported an injury on 06/29/2009; the mechanism of injury was due to cumulative trauma. The clinical note dated 04/21/2014 noted that the injured worker presented with bilateral hand and wrist pain with swelling, numbness and tingling to the bilateral hands and fingers and right-sided lumbar pain rated at a 10/10 on the pain scale. Upon examination of the bilateral hands, there was pain present with range of motion, a positive Tinel's, a positive Phalen's, and forearm tenderness. Also, a moderate decrease in sensation with pinprick was noted in the ulnar nerve distribution with weak motor strength noted with flexion to the elbow. Exam of the lumbar spine noted no kyphosis deformity and a slight flattening of the lumbar lordosis. There was tenderness to palpation to the paraspinal musculature of the lumbar region to the right and tenderness noted to the lumbar region at midline. The diagnoses were status post L4-5 posterior lumbar interbody fusion with pseudarthrosis and bilateral early hand numbness. Prior treatment included injections, medications and surgery. The provider recommended Xanax ER 1 mg 15 tablets, 1 by mouth at bedtime, 2 units. The provider's rationale was not provided. The request for authorization form was dated 08/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax ER 1 mg 15 tablets 1 by mouth at bedtime, 2 Units: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven, and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The injured worker has been prescribed Xanax since at least 08/2013; the efficacy of the prior use of this medication was not provided. As such, the request is not medically necessary.