

Case Number:	CM14-0055575		
Date Assigned:	07/09/2014	Date of Injury:	04/19/2010
Decision Date:	10/15/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/24/2014

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 Family Practice 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:

This patient is a 45 year old female claimant sustained a work injury 4/19/10 involving the neck, low back and knee. She was diagnosed with cervical /lumbar strain and knee derangement. A progress note on 11/23/13 indicated the claimant 8/10 pain in the back radiating to the legs. Exam findings were notable for lumbar paraspinal muscel tenderness and lumbar facet tenderness at L4-L5. The neck had paraspinal tenderness and limited range of motion. The left shoulder had impingement findings as well as limiited range of motion. Straight leg raise was positive on the left side and moderate knee pain. Her chronic pain had been treated with Norco and she was also continued on Xanax 1mg at night. A month later she had similar findings and her Xanax was increased to 1 mg BID. The claimant remained on the Xanax for several subsequent months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg 1 by mouth: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: Xanax is a short acting benzodiazepine. According to the MTUS guidelines, 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. In this case, the claimant had been on Xanax for several months. Continued use was not identified with a diagnosis or subjective complaint. Need for increasing medication dose and claimant response to medication was not specified. The continued use of Xanax is not medically necessary.