

Case Number:	CM14-0061545		
Date Assigned:	07/09/2014	Date of Injury:	09/19/2011
Decision Date:	09/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Tennessee. 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 patient is a 47-year-old female, who has submitted a claim for displacement of cervical intervertebral disc without myelopathy; carpal tunnel syndrome; insomnia and headache associated with an industrial injury date of September 19, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain, gastritis, insomnia and numbness in the right hand. Physical examination of the lumbar spine showed tenders in the paravertebral musculature and sciatic notch region. There are trigger points and taut bands with tenderness. Lumbar spine ROM were as follows: flexion at 45 degrees, extension at 15 degrees, left lateral bend at 20 degrees and right lateral bend at 20 degrees. MRI of the cervical spine done on July 5, 2012 showed; disc desiccation and diffuse disc bulge with associated annular tear at C5-C6 and C6-C7. MRI of the lumbar spine done on July 5, 2012 showed; disc desiccation and annular tear. Treatment to date has included Ultram, Xanax, Fluoxetine, s/p right carpal tunnel release and epidural spinal injections. Utilization review from April 24, 2014 denied the request for Xanax 0.25mg p.o. BID #60 x 2 refills because there is no presenting evidence of specific findings that reflects the need for Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25 mg p.o. bid. #60 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): Paes 24 and 66.

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

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, it states that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. In this case, the patient has been prescribed with Xanax since April 2014 for the treatment of anxiety. Documents reviewed showed that patient was also prescribed with Xanax on May 2014, which is beyond what the guidelines suggests. In addition, the progress note did not report any improvement in the functional status of the patient. Therefore, the request for Xanax 0.25mg P.O. BID #60 x 2 refills is not medically necessary.