

Case Number:	CM14-0076679		
Date Assigned:	08/06/2014	Date of Injury:	05/09/2002
Decision Date:	09/30/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/27/2014

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 Internal 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 53 year old male injured on 05/09/02 while stocking merchandise on a shelf when pain in the shoulder, neck and lumbar spine was felt. Diagnoses include cervicalgia, cervicocranial syndrome, spasm of muscle, and cervical post-laminectomy syndrome. The clinical note dated 05/06/14 indicated the injured worker presented complaining of neck pain with right arm pain and numbness, bilateral shoulder pain, and low back pain radiating to the left. The injured worker rated average pain at 8-10/10, mood at 7-9/10, and functional level at 8-10/10. The injured worker also complained of poor sleep quality due to pain in the neck. Physical examination revealed sitting in a chair with ongoing baseline pain going to the lower back to the left side, pain increases with both sitting and standing, axial low back pain left greater than right due to facet disease, axial pain greater than radicular pain, limited active range of motion, and paraspinal tenderness in the lumbar/thoracic/cervical spine. The documentation indicated the injured worker reported no pain with right arm pain/cervical radiculopathy status post radiofrequency ablation of left cervical medial branch block. The injured worker is status post right shoulder arthroscopy for impingement symptoms with improvement. The injured worker has a long standing history of hypertension, chronic bronchitis, tobacco dependency, opioid dependence with efficacy, poor sleep hygiene, and NSAID intolerance. The documentation indicates continuation of OxyContin increased from 20mg to 30mg every 8 hours, Percocet 10/325mg increased from twice a day to three times a day, Baclofen 20mg twice a day as needed, Limbrel 500mg twice a day, Xanax 0.25mg twice a day, Soma twice a day, Zofran oral disintegrating tablet 8mg every morning, Lyrica 75mg twice a day, Sancuso 1 patch every week, Senokot-S 1-2 twice a day, and Ambien CR 12.5mg every night. The initial request for Xanax 0.25mg 100 count per bottle was initially non-certified on 05/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax, 0.25 mg 100 count per bottle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines; National Library of Medicine.

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

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, 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. Studies have shown that tolerance to its effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. As such, the request for Xanax 0.25mg 100 count per bottle is not medically necessary.