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| Case Number: | CM14-0087613 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 06/02/2011 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 06/09/2014 |
| Priority: | Standard | Application Received: | 06/11/2014 |

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 54-year-old individual was reportedly injured on June 2, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 31, 2014, indicated that there were ongoing complaints of low back pain with lower extremity radiation. The physical examination demonstrated a normal gait pattern, tenderness to palpation in the lower lumbar region, some muscle spasm, and a decreased lumbar spine range of motion. Motor function was 5/5 and sensory exam was grossly normal. Diagnostic imaging studies objectified facet joint arthritis and a minimal disc bulge at L4-L5. Previous treatment includes sacroiliac joint injections, physical therapy, multiple medications, and other pain management interventions. A request had been made for Xanax and was not certified in the pre-authorization process on June 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #360 (3 refills included): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bendodiazepines Page(s): 24.

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

Decision rationale: As noted in the MTUS Chronic Pain Guidelines, this benzodiazepine is not recommended for long-term use as there is no clinical indication for the efficacy and long-term and there is a significant risk for dependence. It is noted that the injured employee feels a certain amount of stress; however, this is not addressed in the progress notes and there are other clinical interventions that can be medically supported. Therefore, based on the clinical information presented for review and by the lack of clinical information noted in the progress notes and taking the consideration the parameters outlined in the MTUS Chronic Pain Guidelines, the medical necessity is not established.