

Case Number:	CM14-0120431		
Date Assigned:	08/06/2014	Date of Injury:	09/18/1991
Decision Date:	03/24/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 57 year old female, who sustained an industrial injury on 9/18/1991. The diagnoses have included chronic pain syndrome, chronic lumbar back pain, lumbar spine degenerative disc disease, lumbar post-laminectomy syndrome, depression and anxiety. Treatment to date has included neuromuscular massage and medications. According to the office visit dated 6/27/2014, the injured worker was seen for medication maintenance. Current medications were noted to continue to be helpful in increasing daily function without causing intolerable side effects. The injured worker complained of pain in the right leg, bilateral buttocks, bilateral hips and bilateral low back. She also complained of depression and anxiety. Physical exam revealed no evidence of overmedication, sedation or withdrawal symptoms. Exam of the lumbosacral area revealed tenderness to palpation. Authorization was requested for Xanax, Cymbalta, Oxycodone HCL and Kadian. On 7/3/2014, Utilization Review (UR) non-certified a request for Xanax 0.5mg tablets, one-half tablet twice a day as needed #30 one month supply with no refills citing ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg. #30 One Half Tab Twice a day as needed. One month supply No Refills:
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006 Physician's Desk Reference 68th ed. www.RxList.com; Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm; drugs.com; Epocrates Online, www.online.epocrates.com;

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

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain in this case. There is no recent documentation of anxiety or depression in this case which could be managed with antidepressants. In addition, the patient was prescribed Xanax in the past without any clear improvement of her symptoms. Therefore the use of Xanax 0.5mg #30 is not medically necessary.