

Case Number:	CM14-0172767		
Date Assigned:	12/15/2014	Date of Injury:	09/30/2001
Decision Date:	01/21/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/20/2014

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 licensed in Psychiatrist (MD) 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:

Injured worker is a 43 year old female with date of injury 9/30/2001. Date of the UR decision was 10/8/2014. Per urine drug testing reports dated 7/10/2014 and 8/5/2014, the injured worker tested negative for Benzodiazepines although she has been prescribed Xanax since 2012. Per progress report dated 9/2/2014, she reported that she was continuing to experience lower back and hip pain. She reported that the pain was 5/10 with medications and 9/10 without medications. She was being prescribed Ibuprofen, Dilaudid, Effexor XR 150 mg, Xanax 0.25 mg every 12-24 hrs. as needed, Abilify 2 mg and Ambien 10 mg nightly. Psychiatric review of systems was positive for depression and anxiety. She was diagnosed with Lumbago, low back pain per the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25 mg, 45 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Xanax on an ongoing basis for the last 3 years with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Also, per urine drug testing reports dated 7/10/2014 and 8/5/2014, the injured worker tested negative for Benzodiazepines although she has been prescribed Xanax since 2012. Thus the request for Xanax 0.25 mg, 45 count is not medically necessary.