

Case Number:	CM14-0185270		
Date Assigned:	11/13/2014	Date of Injury:	05/29/2006
Decision Date:	01/15/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/06/2014

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 Family Practice 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 54 year old male claimant sustained a work injury on 5/1/06 involving the neck, shoulder and low back. He was diagnosed with a herniated nucleus pulposus of the lumbar spine. He had cervical degenerative disk disease and underwent cervical fusions in 2008. He had been on Nucynta, Fentanyl, Soma and Norco for pain. A progress note on 7/14/14 indicated the claimant had decreased painful range of motion of the cervical spine, lumbar spine and shoulders. A progress note on 11/14/14 indicated the claimant had continued pain and difficulties in the involved areas. He remained on the above medications. Due to chronic anxiety he had been on Xanax since at least 2011. This was continued in 2 mg tablets up to 6 times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax ER 2.0mg 60'S: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Opioids Ongoing Management Page(s): 24, 29, 78, 8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepine

Decision rationale: A Benzodiazepine such as Xanax is not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes sedation, anxiolytic, anticonvulsant, and muscle relaxant. According to the ODG guidelines: Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly (3-14 days). In this case, the claimant had been on Xanax for years. There was no indication that the claimant was unable to tolerate an SSRI or anti-depressant to manage anxiety. The continued use of Xanax as ordered above is not medically necessary.