

Case Number:	CM14-0186259		
Date Assigned:	11/14/2014	Date of Injury:	01/17/2011
Decision Date:	01/07/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/08/2014

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 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 patient is a 60 year old female with date of injury 1/17/11. The treating physician report dated 9/22/14 indicates that the patient presents with pain affecting the low back and radiating into the right lower extremity with associated numbness. The physical examination findings reveal pain 10/10 without medication and 3/10 with medication. The patient states that on occasion her leg feels like it wants to give out on her. Prior treatment history includes epidural steroid injections, two spinal surgeries and physical therapy. The current diagnoses are: 1. S/P laminectomy and spinal fusion, L4-L5 and L5-S1 in 2013. 2. Degenerative joint disease throughout the lumbar spine. The utilization review report dated 10/13/14 denied the request for Xanax 0.5 mg #60, 1/2 tablet in the morning and 1/2 tablet at night based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Xanax 0.5mg #60 1/2 tablet in the morning and 1/2 tablet at night related to low back symptoms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 124.

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

Decision rationale: The patient presents with low back pain with radiation into the right lower extremity. The current request is for Xanax 0.5 mg #60 1/2 tablet in the morning and 1/2 tablet at night. Xanax (Alprazolam) belongs to a group of drugs called Benzodiazepines and is used to treat anxiety disorders, panic disorders and anxiety caused by depression. The MTUS guidelines state that Benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." There is only one treating physician report supplied in the medical records and there is no way to tell how long the patient has been using this medication. The current request specifically states that this is for a refill and this medication is only supported for short term usage as MTUS states, "Most guidelines limit use to 4 weeks." There is no documentation supplied that would override the MTUS guidelines and the guidelines do not support continued usage of this medication. The request is not medically necessary for denial of Xanax.