

Case Number:	CM14-0191606		
Date Assigned:	11/24/2014	Date of Injury:	04/07/2003
Decision Date:	01/12/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/14/2014

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, has a subspecialty in Pain Medicine 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:

This is a patient of the date of injury of April 7, 2003. A utilization review determination dated October 23, 2014 recommends modified certification of Xanax to allow weaning. A progress report dated April 17, 2014 identifies subjective complaints of low back pain, left scapular pain, thoracic back pain, and left knee pain. The diagnoses include lumbar facet joint disease, lumbar disc protrusion, lumbar sprain/strain, thoracic sprain/strain, status post total knee replacement, left knee internal derangement, right knee pain and status post left knee surgeries. The treatment plan recommends soma, sumatriptan, Xanax, and Norco. A progress report dated October 10, 2014 identifies subjective complaints of depressed mood and anxiety. A musculoskeletal objective examination is included. The treatment plan recommends a psychiatric consultation to evaluate the patient's depressed mood and anxiety. The treatment plan recommends alprazolam to treat the patient's industrially related anxiety and sleep disturbance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax tab 0.5mg: Upheld

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

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

Decision rationale: Regarding the request for Xanax (alprazolam), Chronic Pain Medical Treatment Guidelines state the 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... 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." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Xanax (alprazolam) is not medically necessary.