

Case Number:	CM14-0198563		
Date Assigned:	12/08/2014	Date of Injury:	01/20/2000
Decision Date:	01/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	11/25/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 20, 2000. In a Utilization Review Report dated November 21, 2014, the claims administrator partially approved a request for Xanax, apparently for tapering or weaning purposes. The claims administrator referenced a progress note dated November 11, 2014 in its report. The claims administrator suggested that the applicant was using Xanax on a regular basis as of an earlier progress note of August 5, 2014. On November 11, 2014, the applicant reported ongoing complaints of low back and bilateral knee pain, 10/10. The applicant reported issues with anxiety for which she was using anxiolytic medications and also using antispasmodic. The applicant was using Norco, Soma, Pamelor, Xanax, Zocor, Cymbalta, and Neurontin, it was stated. A Toradol injection was administered while Cymbalta, Norco, Soma, and Xanax were renewed. The applicant stated that she was depressed and anxious. On an earlier note of October 13, 2014, the applicant reported ongoing complaints of low back and knee pain. The applicant again presented requesting a Toradol injection. It was stated that the applicant was receiving frequent Toradol injections. The applicant's medication list included Soma, Xanax, Pamelor, Norco, Zocor, Cymbalta, and Neurontin. It was stated that the applicant was using Xanax twice daily for anxiolytic effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402, does acknowledge that anxiolytics such as Xanax may be employed for "brief periods" in cases of overwhelming symptoms, in this case, however, the applicant and/or attending provider appeared intent on employing Xanax, a benzodiazepine anxiolytic, for chronic, long-term, and/or twice daily use purposes, for anxiolytic effect. This is not an ACOEM-endorsed role for Xanax, an anxiolytic agent. Therefore, the request was not medically necessary.