

Case Number:	CM14-0204216		
Date Assigned:	12/16/2014	Date of Injury:	06/10/1998
Decision Date:	02/06/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/05/2014

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 Rehab, has a subspecialty in Interventional Spine 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 male (no birthdate provided) with an injury date of 06/10/98. The 08/20/14 progress report states that his current complaints are of achiness in low back, right hip, buttock and knee. He has shoulder pain and muscle spasms in his back. According to the 09/25/14 report, the patient rates his pain as a 7/10. He has been getting out and walking on a regular basis for exercise, about an hour at a time. The 10/23/14 report shows he remains unchanged, but states that he appears to be in better spirits than previous visits. Physical examination reveals his gait is stiff and antalgic. His cervical range of motion is also stiff with extension and rotation. The range of motion in his upper extremities appears to be limited. The patient's diagnoses includes the following: 1. Lumbar degenerative disc disease 2. Neck and right shoulder pain 3. Right sacroiliac joint pain 4. Right knee pain The utilization review determination being challenged is dated 11/06/14. Treatment reports were provided from 07/24/14 - 12/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg, 120 count: Upheld

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

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

Decision rationale: The injured worker presents with shoulder pain, muscles spasms in his back, and achiness in his lower back, right hip, buttock, and knee. The request is for Xanax 0.5 Mg, 120 counts. The injured worker has been taking Xanax as early as 07/24/2014. MTUS Guidelines page 24 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." In this case, the injured worker has been taking Xanax as early as 07/24/2014, and it would appear that this medication is prescribed on a long-term basis, over 3 months. The treating physician does not mention that this is for a short-term use. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS Guidelines. It is not recommended for long-term use; therefore, the requested Xanax is not medically necessary.