

Case Number:	CM14-0206887		
Date Assigned:	12/18/2014	Date of Injury:	07/30/2002
Decision Date:	02/06/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/10/2014

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 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 patient sustained an injury on 7/30/2002 while employed by [REDACTED]. Request(s) under consideration include Xanax 0.5mg QID. Diagnoses include chronic pain; chronic lumbar S1 radiculopathy s/p lumbar laminectomy syndrome at L4-5; and history of gastric bypass surgery. Conservative care has included medications, therapy, lumbar epidural steroid injection, and modified activities/rest. Medications list Fentanyl patch, Oxycodone, and Xanax. AME report of 8/19/14 recommended weaning of high dose Fentanyl patch, CBT/ biofeedback, and functional restoration with possible detoxification program. Current Morphine equivalent dose was 208 mg/day. The patient continues to treat for chronic ongoing low back symptoms. Report from the provider has no indication for clinical change. Treatment included continued medications. The request(s) for Xanax 0.5mg QID was non-certified on 11/11/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg QID: Upheld

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

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

Decision rationale: Xanax (Alprazolam) is indicated for the management of anxiety disorder. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Alprazolam is an anti-anxiety medication in the benzodiazepine family which inhibits many of the activities of the brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, 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 as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered for this chronic 2002 injury. The Xanax 0.5mg QID is not medically necessary and appropriate.