

Case Number:	CM14-0210671		
Date Assigned:	12/23/2014	Date of Injury:	07/07/2011
Decision Date:	02/17/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/16/2014

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 Family Practice, 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:

58 yr. old male claimant sustained a work injury on 7/7/11 involving the left knee, low back and neck. He was diagnosed with a left knee meniscal tear, C5-T1 radiculopathy, L3-L4 disc degeneration and had undergone knee surgery and a cervical discectomy. The claimant had OxyContin for pain and had been on Xanax for several months. A progress note on 11/4/14 indicated the claimant had been using Temazepam for sleep difficulties. A psychologist had provided additional Xanax for anxiety. He was still unable to sleep through the night. Since the claimant desired additional medication, the physician provided additional Xanax with plan to reduce by 10% to wean over 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg PO TID Count #90 for the purpose for weaning to discontinue, with reduction 10% per week over a weaning period of 3 months: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines weaning medication Page(s): 123.

Decision rationale: According to the guidelines, Benzodiazepine is more dangerous than opioid withdrawal, and takes more time, with the following recommendations: (1) The recommended rate of tapering is about 1/8 to 1/10 of the daily dose every 1 to 2 weeks; (2) Rate of withdrawal should be individually tapered; (3) Tapering may take as long as a year; (4) High-dose abusers or those with polydrug abuse may need in-patient detoxification; & (5) Withdrawal can occur when a chronic user switches to a benzodiazepine with a different receptor activity. Based on the above, a request to taper over 3 months is reasonable and medically necessary since the claimant has been on Xanax for several months.