

Case Number:	CM15-0006346		
Date Assigned:	01/26/2015	Date of Injury:	10/23/2008
Decision Date:	03/23/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 46-year-old male who reported an injury on 10/23/2008. The mechanism of injury was not provided. The documentation of 12/10/2014 revealed the injured worker had back pain. The injured worker indicated that he had substantial benefit from the medications. There was noted to be no evidence of drug abuse or diversion. The injured worker had a urine drug screen that was within normal limits. The injured worker had 40% improvement in pain. The injured worker's medications were noted to include Xanax 0.5 mg. Surgical history included back surgery in 2011. The objective examination revealed the injured worker had full and symmetric muscle strength. The injured worker had a positive fabere maneuver bilaterally. The injured worker had pain to palpation over the L4-5 and L5-S1 hardware bilaterally. The injured worker had pain with rotational extension indicative of hardware pain and secondary myofascial pain with triggering, ropy fibrotic banding, and spasm. Diagnosis included chronic low back pain and lumbar spondylosis. The injured worker was noted to undergo MRIs and x-rays along with physical therapy, medications, and epidural steroid injections. The medications prescribed included Xanax 0.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 6.5mg #30 x 4 refills: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 4 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Additionally, the medication is not dosed as 6.5 mg. There was a lack of documentation indicating a necessity for 4 refills. The efficacy of the medication was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Xanax 6.5 mg #30 x4 refills is not medically necessary.