

Case Number:	CM15-0008743		
Date Assigned:	01/27/2015	Date of Injury:	05/09/2008
Decision Date:	03/24/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/15/2015

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

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 41-year-old male who reported an injury on 05/09/2008. The mechanism of injury was not provided. The injured worker's ongoing medications were noted to include Xanax and tramadol. Other therapies included epidural steroid injections and facet injections, as well as trigger point injections. The injured worker was noted to be diagnosed with adjustment disorder with anxiety and depression, cervical disc degeneration and cervical radiculopathy, lumbar disc degeneration with facet hypertrophy and lumbar radiculopathy, and lumbar muscle spasms. The documentation of 07/16/2014 revealed the injured worker was utilizing tramadol 50 mg twice a day, Soma twice a day, and Zantac twice a day and the medications were working well. The physical examination revealed tenderness in the cervical paraspinal musculature with some limited range of motion. The examination of the low back revealed taut muscle bands and myofascial trigger point activity and spasms with decreased range of motion. The treatment plan included Soma 350 mg twice a day as needed for muscle spasms, tramadol 50 mg twice a day #60, and Zantac 150 mg. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Xanax 150mg #90: 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: The California Medical Treatment Utilization Schedule Guidelines do not recommend benzodiazepines for the treatment of chronic pain. There is a risk of psychological and physiologic dependence. The clinical documentation submitted for review failed to provide a rationale for the request medication. The specific date of request was not provided. The request as submitted failed to indicate the frequency for the requested medication. Additionally, Xanax does not come in 150 mg strength. Given the above, and the lack of clarification, the request for 1 prescription for Xanax 150 mg #90 is not medically necessary.