

Case Number:	CM15-0009051		
Date Assigned:	01/27/2015	Date of Injury:	10/20/2010
Decision Date:	03/24/2015	UR Denial Date:	12/11/2014
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, 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 53-year-old female who reported an injury on 10/20/2010. The mechanism of injury was not stated. The current diagnoses include lumbar or lumbosacral disc degeneration, lumbosacral neuritis or radiculitis, and sciatica. The injured worker presented on 12/18/2014 with complaints of low back and right leg pain. The injured worker also reported headaches and bladder dysfunction, as well as difficulty sleeping secondary to pain. The injured worker reported a relief of symptoms with heat, massage, ice and relaxation. The injured worker also utilized a cane for ambulation assistance. The current medication regimen includes fentanyl 50 mcg, Norco 10/325 mg, gabapentin 300 mg, Xanax 1 mg, Zanaflex 4 mg and Lyrica 50 mg. Upon examination, the injured worker's mood and affect were appropriate. Examination of the lumbar spine revealed trigger points in the gluteus maximus, gluteus medius and quadratus lumborum bilaterally. There was diminished grip strength bilaterally and diminished bilateral lower extremity strength. There was paresthesia to light touch noted in the medial and lateral legs bilaterally, and the 1st through 3rd digits bilaterally. Patrick and faber test were positive, SI joint compression test was positive, McMurray's test was positive, patella compression test was positive and slump test was positive. Recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines do not recommend long term use of benzodiazepines, because long term efficacy is unproven and there is a risk of dependence. While it is noted that the injured worker has a history of anxiety, it is also noted that the injured worker has utilized the above medications, since 07/2014. Guidelines do not recommend long term use of benzodiazepines. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.