

Case Number:	CM15-0100716		
Date Assigned:	06/03/2015	Date of Injury:	01/19/2008
Decision Date:	07/09/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	05/26/2015

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: Emergency Medicine

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 51 year old male sustained an industrial injury to the low back on 1/9/08. Previous treatment included magnetic resonance imaging, lumbar fusion and medications. The injured worker had been approved for physical therapy in the past but had been unable to attend due to multiple medical issues. Magnetic resonance imaging lumbar spine (4/4/14) showed severe disc degeneration with foraminal stenosis with no evidence of interbody fusion. In a PR-2 dated 4/29/15, the injured worker complained of ongoing low back pain associated with numbness of the left thigh, rated 10/10 on the visual analog scale without medications and 4/10 with medications. Physical exam was remarkable for tenderness to palpation of the lumbar spine paraspinal musculature bilaterally, mildly decreased sensation over the left L3 and L4 distribution, 5/5 lower extremity strength and negative bilateral straight leg raise. The injured worker walked with a significant antalgic gait using a single point cane. Current diagnoses included status post lumbar fusion, L4-5 disc displacement, postoperative left leg radiculopathy, chronic intractable pain, lumbar spine facet arthropathy, left lumbar foraminal stenosis and pseudoarthrosis. The injured worker had been prescribed Norco and Xanax since at least 10/8/14. The treatment plan included a pain management evaluation scheduled for 5/18/15, prescriptions for Norco, Xanax and Nexium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2 mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 67-68, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Muscle relaxants (for pain); Weaning of medications Page(s): 24; 66; 124.

Decision rationale: The request is for xanax, or alprazolam, which is a benzodiazepine used for the treatment of anxiety and panic disorder. Benzodiazepines are not recommended due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over non-benzodiazepines for the treatment of spasm. 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The injured worker has utilized benzodiazepines far longer than recommended by the MTUS guidelines. There has been no clear functional benefit to justify ongoing use. Tapering is required if used for greater than 2 weeks. This 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. The request for xanax is not supported by the MTUS and is therefore not medically necessary.