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| Case Number: | CM15-0101387 | | |
| Date Assigned: | 06/03/2015 | Date of Injury: | 09/04/1996 |
| Decision Date: | 07/02/2015 | UR Denial Date: | 04/29/2015 |
| Priority: | Standard | Application Received: | 05/27/2015 |

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 65 year old male, who sustained an industrial injury on 9/4/96. The injured worker has complaints of pain and soreness in the hip and the groin area and soreness in the left foot. The documentation noted that the injured worker has grossly antalgic gait secondary to the drop foot on the left-hand side. The diagnoses have included pain in joint, pelvic region and thigh; lumbago and unspecified mononeuritis, lower limb. Treatment to date has included home exercise program; ankle-foot orthosis (AFO) ankle brace; buspar; wellbutrin; xanax and X-rays taken revealed well-maintained acetabular and femoral component and no evidence of loosening of the prosthesis and no evidence of heterotopic ossification. The request was for xanax 0.5mg #60 with 12 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #60 with 12 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: Benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. A more appropriate treatment for anxiety or depression is antidepressants. In addition, the patient has been taking Xanax for a longtime without evidence of improvement. Therefore, the use of Xanax 0.5mg #60 with 12 refills is not medically necessary.