

Case Number:	CM15-0103247		
Date Assigned:	06/05/2015	Date of Injury:	09/28/2008
Decision Date:	07/10/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/29/2015

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:

The injured worker is a 44 year old male, who sustained an industrial injury on September 28, 2008, incurring lower back injuries after heavy lifting. He was diagnosed with lumbar spine sprain, lumbar herniated disc with myelopathy. Lumbar Magnetic Resonance Imaging revealed a right foraminal disc protrusion causing foraminal narrowing. Treatment included Electromyography studies, pain medications, muscle relaxants, anti-anxiety medications and work restrictions. Currently, the injured worker complained of numbness to both legs and lumbar spine and leg pain. The pain was rated 7/10 on a pain scale. He had difficulty sleeping. He felt nervous and tense on a daily basis secondary to the chronic pain and depression. The treatment plan that was requested for authorization included a prescription for Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1 Milligram Qty 30 with 2 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 requested Xanax 1 Milligram Qty 30 with 2 Refills is not medically necessary. A MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has numbness to both legs and lumbar spine and leg pain. The pain was rated 7/10 on a pain scale. He had the treating physician has not documented the medical indication for continued use of this benzodiazepine medication, or objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Xanax 1 Milligram Qty 30 with 2 Refills is not medically necessary.