

Case Number:	CM15-0104825		
Date Assigned:	06/09/2015	Date of Injury:	11/17/2003
Decision Date:	07/10/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 44 year old female, who sustained an industrial injury on 11/17/2003. According to a progress report dated 05/12/2015, the injured worker presented for re-evaluation of low back pain and leg pain. She reported continuing aching pain in the lower back. She had aching and burning pain radiating into the buttocks and down the lateral and posterior aspects of her legs bilaterally. Pain was rated 9 on a scale of 1-10 without pain medications and 4-6 with pain medications. Her medication regimen included Kadian, Naproxen, Omeprazole, Tizanidine, Gabapentin, Xanax and Fluoxetine. Medications decreased pain and allowed her to take care of her children, grocery shop, prepare and cook meals and perform activities of daily living on her own. Medications tried and failed included Norco, MS Contin, Tylenol #3, Percocet, Fentanyl, Opana, Nucynta, several (NSAIDS) non-steroidal anti-inflammatory drugs, several muscle relaxers, other neuropathic and antidepressant medications. Review of systems was positive for fatigue, constipation, bladder control problems, urinary tract infections, trouble urinating, depression and anxiety. Impression included lumbar discogenic pain, lumbar degenerative disc disease, chronic low back pain, bilateral L5 chronic radiculopathies, lumbar myofascial pain, chronic pain syndrome, depression and anxiety and gastroesophageal reflux disease secondary NSAID therapy. The treatment plan included continuation of medications. Currently under review is the request for Xanax 0.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #30: 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: Xanax 0.5mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that benzodiazepines are 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on Xanax already. The documentation does not indicate extenuating circumstances, which would necessitate going against guideline recommendations and continuing the use of this medication longer than the recommended 4-week period. The request for Xanax is not medically necessary.