

Case Number:	CM15-0109877		
Date Assigned:	06/16/2015	Date of Injury:	02/16/1994
Decision Date:	07/15/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male, who sustained an industrial injury on 02/16/1994. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having bilateral hip pain, spinal stenosis of the lumbar region, anxiety, and internal derangement of the left shoulder. Treatment and diagnostic studies to date has included medication regimen, use of a transcutaneous electrical nerve stimulation unit, chiropractic therapy, acupuncture, magnetic resonance imaging, lumbar medial branch blocks, and injections. In a progress note dated 05/20/2015 the treating physician reports complaints of deep, diffused, shooting pain to the low back that radiates to the back and right thigh along with complaints of anxiety, fearful thoughts, diminished interest, excessive worry, racing thoughts, and restlessness. The treating physician also notes that the anxiety is exacerbated by the injured worker's pain. Examination reveals pain with range of motion to the bilateral hips, pain with range of motion to the right knee, antalgic gait on the left, tenderness to the sciatic notch on the left, left subacromial tenderness with laxity of the rotator cuff, and a positive Hawkin's and Neer's test on the left . The injured worker's current medication regimen includes Voltaren 1% gel, Robaxin, Valium, and Oxycodone. The treating physician requested the medication Xanax for severe anxiety noting the discontinuation of Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1 mg #21 with 3 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 Benzodiazepines. p24 Page(s): 24.

Decision rationale: The claimant has a remote history of a work injury occurring in February 1994 and continues to be treated for radiating low back pain. He is also being treated for anxiety. When seen, there was an antalgic gait. There was left shoulder tenderness with positive impingement testing. There was pain with lumbar spine and right knee range of motion. Medications being prescribed included Valium, which was discontinued. Xanax was prescribed. Like Valium, Xanax (Alprazolam) is a benzodiazepine. This call of medications is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety which may be worsening this claimant's condition. Gradual weaning is recommended for long-term users. Therefore the prescribing of Xanax is not medically necessary.