

Case Number:	CM15-0139968		
Date Assigned:	08/20/2015	Date of Injury:	04/03/2014
Decision Date:	09/24/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/20/2015

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: Preventive Medicine, Occupational 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 43 year old male, who sustained an industrial injury on 4-3-14. The injured worker was diagnosed as having thoracic disc protrusions, multilevel facet arthritis and thoracic myofascial spasms. Treatment to date has included oral medications including Naprosyn, Soma, Ambien and Ultram; home exercise program and activity modifications. Currently on 6-5-15, the injured worker complains of back pain which is slightly worse rated 8 out of 10, described as sharp, burning and aching mostly in the evening and sometimes at night. It is noted he has found no significant pain relief besides oral medications. He also notes occasional numbness in the back. Work status is noted to be unrestricted duty. Physical exam performed on 6-5-15 revealed palpable myofascial spasms along the thoracic and lumbar region with full range of motion. A request for authorization was submitted on 6-10-15 for Naproxen 500mg #60, Ultram 50mg #30 and Xanax 1mg #1 (for (MRI) magnetic resonance imaging due to trouble in closed spaces).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Xanax 1mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section Page(s): 24.

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case, there is no indication that the injured worker has an anxiety that would indicate the need for Xanax during an MRI. The request for 1 Xanax 1mg is determined to not be medically necessary.