

Case Number:	CM15-0142803		
Date Assigned:	08/03/2015	Date of Injury:	01/31/2006
Decision Date:	08/31/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/23/2015

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 54 year-old male who sustained an industrial injury on 01/31/06. He reported neck pain. Initial diagnoses included muscle strain. Diagnostic testing and treatment to date has included radiographic imaging, epidural steroid injections, cervical spine surgery, physical therapy, and medication management. Currently, the injured worker complains of chronic pain with anxiety; his diagnoses include chronic neck pain status post cervical fusion, chronic thoracic spine pain, chronic low back pain with radicular symptoms, and generalized anxiety disorder. Requested treatments include Xanax 2 mg #60. The injured worker's status is permanent and stationary. Date of Utilization Review: 07/10/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, p24 Page(s): 24.

Decision rationale: The claimant sustained a work injury in January 2006 and continues to be treated for chronic radiating neck and low back pain, chronic thoracic spine pain, and generalized anxiety. When seen, pain was rated at 8-9/10. He was having increasing anxiety. Physical examination findings included an antalgic gait. There was decreased spinal range of motion with multilevel tenderness. There was decreased strength and sensation with positive neural tension testing. Xanax is a benzodiazepine which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Long-term use may increase anxiety which may be occurring in this case. A more appropriate treatment for anxiety disorder would be an antidepressant. In this case, the claimant has been prescribed Xanax on a long-term basis. There are other preferred treatments. Gradual weaning is recommended for long-term users. Continued use of Xanax may actually be increasing his anxiety. Ongoing prescribing at this dose is not medically necessary.