

Case Number:	CM15-0144262		
Date Assigned:	08/05/2015	Date of Injury:	07/16/2002
Decision Date:	09/02/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/27/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 58-year-old female, who sustained an industrial injury on 07-16-2002, secondary to a slip and fall. On provider visit dated 06-11-2015 the injured worker has reported low back and bilateral knee pain. On examination, the injured worker was noted to be in moderate distress. The diagnoses have included pain in joint lower leg. Treatment to date has included medication, which included Dexilant, Seroquel, Oxycodone, Oxycontin, Xanax, Lamictal and Clonidine. The injured worker was noted not to be working. The provider requested Xanax 0.5 mg Qty 30, 1 tablet daily as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg Qty 30, 1 tablet daily as needed: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 0.5mg #30, one by mouth daily as needed is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are pain in joint, lower leg; degenerative lumbar/lumbosacral intervertebral disc; other chronic postoperative pain; and lumbago. The date of injury is July 16, 2002. Request for authorization is July 8, 2015. The earliest progress note containing a Xanax prescription is dated December 8, 2014. The prescription was written Xanax 0.5 mg Q8 hours. Additional medications include Zanaflex, oxycodone, OxyContin and Lunesta, Lamictal and clonidine. Seroquel was first prescribed May 7, 2015 for sleep/insomnia. Lunesta was discontinued. The most recent progress note dated June 11, 2015 subjectively states the injured worker complains of low back pain that radiates to the lower extremities with left knee pain greater than 10 years. There are sleep difficulties. Objectively, there is no physical examination in the progress note. There is no documentation demonstrating objective functional improvement with ongoing Xanax. Xanax is not recommended for long-term use (longer than two weeks). The treating provider has prescribed Xanax in excess of six months. There are no compelling clinical facts in the medical record to support the ongoing use of Xanax. Consequently, absent guideline recommendations for long-term use, compelling clinical facts to support ongoing Xanax and documentation demonstrating objective functional improvement, Xanax 0.5mg #30, one by mouth daily as needed is not medically necessary.