

Case Number:	CM15-0149395		
Date Assigned:	08/12/2015	Date of Injury:	11/21/2008
Decision Date:	09/15/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/31/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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/work injury on 11/21/08. He reported an initial complaint of back pain. The injured worker was diagnosed as having cervical disc protrusion, cervical stenosis, spinal fusion, lumbar disc protrusion, lumbar facet hypertrophy, lumbar stenosis, and bilateral hip pain. Treatment to date includes medication, diagnostics, and surgery (laminectomy with fusion on 11-4-10). MRI results were reported on 7-24-14, 6-27-14. Currently, the injured worker complained of neck pain that radiated to the right shoulder rated 10 out of 10, constant severe low back pain rated 8 out of 10 that radiated to bilateral legs, tingling, and weakness and right hip pain rated 9 out of 10 that radiated to the bilateral legs. Per the primary physician's report (PR-2) on 5-21-15, exam noted range of motion was painful and straight leg raise caused pain bilaterally. The requested treatments include Xanax 5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 5mg #90: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The documentation submitted for review indicates that the injured worker has been using this medication long term since at least 12/2014. As the treatment is not recommended for long term use, the request is not medically necessary.