

Case Number:	CM15-0164675		
Date Assigned:	09/02/2015	Date of Injury:	11/18/2013
Decision Date:	10/05/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/21/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 (n) 44 year old male, who sustained an industrial injury on 11-18-13. He reported pain in his lower back related to lifting a heavy object. The injured worker was diagnosed as having lumbar disc protrusion, lumbar spondylosis, lumbar stenosis, lumbar radiculopathy and sleep disturbance. Treatment to date has included physical therapy, aqua therapy, acupuncture, a TENS unit, lumbar brace, a lumbar epidural steroid injection x 2 and Xanax since at least 4-14-15. On 3-20-15 the treating physician noted the Epworth Sleepiness Scale indicated severe daytime sleepiness. As of the PR2 dated 7-10-15, the injured worker reports low back and right lower extremity pain. He also indicated difficulty falling asleep. Objective findings include tenderness to palpation over the right paralumbar muscles, tenderness to palpation over the right medial knee joint and hyperesthesia at L5 and S1 dermatomes. The treating physician requested Xanax 1mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax tablet 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24,124.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because their efficacy is unproven and there is a risk of addiction. Most guidelines limits its use of 4 weeks and its range of action include: sedation, anxiolytic, and anti-convulsant and muscle relaxant. In this case, the Xanax was used for several months for anxiety. Other medications such as SNRIs or SSRIs are indicated for long-term management. The continued use of Xanax is not medically necessary.