

Case Number:	CM15-0165822		
Date Assigned:	09/03/2015	Date of Injury:	02/10/2012
Decision Date:	10/09/2015	UR Denial Date:	08/09/2015
Priority:	Standard	Application Received:	08/24/2015

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: North Carolina

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:

This 55-year-old male sustained an industrial injury on 2-10-12. Documentation indicated that the injured worker was undergoing treatment for a low back injury. In a PR-2 dated 2-25-15, the injured worker complained of ongoing low back pain, rated 7 out of 10 on the visual analog scale, with spasms. The injured worker stated that Soma worked well to relieve spasms. Current medications included Norco, Soma and Xanax. The treatment plan included decreased Soma and adding Zanaflex with a plan to eventually switch over to Zanaflex completely. In a PR-2 dated 4-23-15, the physician stated that the injured worker suffered from a lot of anxiety. In the most recent submitted for review, dated 7-22-15, the injured worker complained of ongoing low back pain, rated 8 out of 10 on the visual analog scale and 10 out of 10 without medications. The physician stated, "Valium seemed to work." Physical exam was remarkable for lumbar spine with tenderness to palpation at the facet joints with "decreased flexion and extension and full lateral bending." Current diagnoses included lumbago, lumbar spine radiculitis and lumbar degenerative disc disease. The physician stated that he would give Valium for muscle relaxation and to help him sleep at night. The treatment plan included continuing current treatment with prescriptions for Norco and Xanax. On 8-6-15, Utilization Review modified a request for Xanax tab 0.5 mg #60 with 2 refills to Xanax tab 0.5 mg #15 to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax tab 0.5mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety or insomnia in the provided documentation. For this reason, the request is not medically necessary.