

Case Number:	CM15-0180076		
Date Assigned:	09/21/2015	Date of Injury:	08/22/2001
Decision Date:	11/06/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/14/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old female who sustained an industrial injury on 8-22-01. Progress report dated 8-24-15 reports continued complaints of constant, aching, deep lower back pain that radiates down to the bilateral lower extremities, right side greater than the left. She has pain described as intermittent, pins and needles, shooting, electrical, muscle tightness and muscle spasm. The pain is rated 6 out of 10. She reports that her pain is controlled by the use of Norco and flector patches and allows her to function through daily routine. Objective findings: active range of motion of the cervical spine is limited, lumbar range of motion is normal and there is pain with palpation to the right SI joint. Physical exam remains unchanged. Diagnoses: displacement lumbar intervertebral disc without myelopathy, lumbago, opioid type dependence, lumbosacral spondylosis without myelopathy, adjustment disorder with mixed anxiety and depressed mood, thoracic lumbosacral neuritis radiculitis. Plan of care includes: continue all other medications as previous, Norco 5-325 mg 1 three times per day, Xanax 0.5 mg 1 three times per day as needed, #90 dispense today, Flector 1.3% transdermal patch 12 hour. Follow up in 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #30: 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: Benzodiazepines are not recommended by MTUS for long-term use due to lack of demonstrated efficacy and a risk of dependence. Tolerance to hypnotic or anxiolytic effects is common, and long-term use may actually increase rather than decrease anxiety. Benzodiazepines are rarely a treatment of choice in a chronic condition. The records do not provide a rationale for an exception to this guideline. This request is not medically necessary.