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| Case Number: | CM15-0180238 | | |
| Date Assigned: | 09/22/2015 | Date of Injury: | 08/16/2012 |
| Decision Date: | 10/30/2015 | UR Denial Date: | 09/02/2015 |
| 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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This is a 32 year old female with a date of injury on 8-16-2012. A review of the medical records indicates that the injured worker is undergoing treatment for herniated nucleus pulpous (HNP) at L4-5 and L5-S1, bilateral radiculopathy, anxiety and insomnia. Medical records (3-17-2015 to 8-11-2015) indicate ongoing back pain. On 8-11-2015, the injured worker complained of posterior buttock, thigh and calf pain. She complained of lower abdominal pain and pain in the front of the thighs and legs. She rated her average pain six out of ten. She rated (8-11-2015) the effect of pain on her mood as anxious and worried as nine out of ten. The physical exam (8-11-2015) of the back revealed tenderness to palpation along with trigger points and spasms. Treatment has included physical therapy, chiropractic treatment and medications. The injured worker has been prescribed Xanax since at least 11-11-2014. Current medications (8-11-2015) included Tylenol #4, Prilosec, Xanax, Flexeril and topical creams. The original Utilization Review (UR) (9-2-2015) denied a request for Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25mg quantity 60: 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: Regarding the request for Xanax (alprazolam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are 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. 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. Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Xanax (alprazolam) is not medically necessary.