

Case Number:	CM15-0184913		
Date Assigned:	09/25/2015	Date of Injury:	12/30/2010
Decision Date:	11/06/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/21/2015

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: 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 52 year old female, who sustained an industrial injury on 12-30-2010. The injured worker was being treated for chronic pain syndrome, postlaminectomy syndrome, and a history of myelopathy. On 8-25-2015, the injured worker reported she was having difficulty with anxiety control after being informed that she will probably need another cervical spine surgery by the qualified medical evaluator. She is pending a follow-up surgical opinion. She reported wanting to discuss her anxiety. She also reported aching neck pain and numbness of the upper extremities, which was rated 4-5 out of 10 with medications and 7-8 out of 10 without medications. Current medications include Norco and Flexeril. The physical exam (8-25-2015) revealed the injured worker was in no acute distress, normal bilateral upper extremity strength, 2+ and symmetric upper extremity strength deep tendon reflexes, negative bilateral Spurling's sign, intact sensation, tenderness over the cervical paraspinals, and decreased cervical range of motion in all planes. The treating physician noted that the injured worker had used Alprazolam in the past with side effects. On 5-13-2014, an MRI of the cervical spine revealed anterior cervical discectomy and fusion changes and posterior fusion changes from C4-7 (cervical 4-7). There was clear spinal stenosis. There was foraminal stenosis. Per the treating physician (8-25-2015 report), x-rays of the cervical spine performed on this date revealed a C4-7 fusion with intact hardware. Surgeries to date have included an anterior cervical discectomy and fusion at C4- in 2012. Treatment has included physical therapy, acupuncture, cervical facet injections, and medications including pain, muscle relaxant, anti-anxiety, and anti-depressant. Per the treating physician (8-25-2015 report), the injured worker's work status includes no lifting over 10 pounds, no prolonged sitting, no prolonged neck flexion, and take a break every 30 minutes. On 8-27-2015, the requested treatments included Xanax 0.5mg #60. On 9-4-2015, the original utilization review non-certified a request for Xanax 0.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Xanax (Alprazolam).

Decision rationale: Based on the 8/25/15 progress report provided by the treating physician, this patient presents with achy neck pain with numbness of upper extremities rated 7-8/10 without medications and 4-5/10 with medications. The treater has asked for Xanax 0.5mg #60 on 8/25/15. The patient's diagnoses per request for authorization dated 8/27/15 are cervical disc disease with myelopathy, cervical DDD, postlaminectomy cervical syndrome. The patient is s/p removal of left clavicular lipoma of unspecified date with less left-sided pressure on her neck per 8/25/15 report. The patient takes Norco 3-4 times a day, which helps her to remain functional per 8/25/15 report. The patient is doing daily exercise, stretching, and swimming per 8/25/15 report. The patient is undergoing acupuncture and has been able to reduce Norco use with the treatments per 8/25/15 report. The patient is s/p cervical fusion C5-8 from 2012, and cervical Fusion C3-7 from July 2015. The patient is on restrictions but is not currently working as of 8/25/15 report. MTUS, Benzodiazepines Section, page 24 states, "Not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence". ODG Guidelines, Pain (Chronic) Chapter, under Xanax (Alprazolam) states: "Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression". Treater does not specifically discuss this medication, other than the following notation beside prescription in requesting 8/25/15 report: "1 tab PO Q 4-6 hrs/prn anxiety". MTUS only recommends short-term use (no more than 4 weeks) for benzodiazepines. This patient does not have a history of prior Xanax usage per review of reports dated 1/10/14 to 8/25/15. However, the current request for Xanax #60 would exceed guidelines recommendation as it does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.