

Case Number:	CM15-0201383		
Date Assigned:	11/06/2015	Date of Injury:	05/10/2001
Decision Date:	12/24/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/13/2015

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, 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:

The injured worker is a 55 year old male with an industrial injury dated 05-10-2001. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic spine sprain strain, bilateral carpal tunnel syndrome, and status post MI with stent placement. According to the progress note dated 08-24-2015, the injured worker reported pain in the neck, upper back, low back and bilateral wrist pain. Objective findings dated 08-24-2015 revealed restricted cervical and lumbar spine range of motion and positive medial joint of left knee. Objective findings dated 07-20-2015 revealed tenderness to palpitation with spasms in the thoracic spine, cervical spine, bilateral wrist, left knee and lumbar spine. Treatment has included diagnostic studies, disc excision surgery of cervical spine in 2005, lumbar fusion in 2006, left knee surgery in 2008, L1 kyphoplasty in 2008, prescribed medications including Xanax since at least April of 2015, and periodic follow up visits. The utilization review dated 09-16-2015, modified the request for Xanax 5mg #24 (original: Xanax 5mg, unspecified quantity).

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 5mg, unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications.

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

Decision rationale: The request is for ongoing use of Xanax. Xanax is a benzodiazepine that is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. ODG also states Xanax is not recommended for long-term use. Benzodiazepines are a major cause of drug overdose, particularly as they act synergistically with other drugs such as opioids. Xanax is indicated for short-term treatment of anxiety. In this case, there is no documentation of anxiety disorder. The claimant has been using Xanax since at least April, 2015, which is contrary to guidelines. There is no significant pain relief or functional improvement associated with the use of Xanax. Therefore the request is not medically necessary or appropriate.