

Case Number:	CM15-0202420		
Date Assigned:	10/19/2015	Date of Injury:	01/10/2012
Decision Date:	11/30/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/14/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 56 year old male who sustained an industrial injury on 01/10/2012. Medical records indicated the worker was treated for Status Post trauma, probable nonunion medial malleolar fracture; status post Incision & Drainage; left-sided foot drop, chronic regional pain syndrome, Intractable chronic regional low back pain, and hypertension. In the provider notes of 08-11-2015, the worker is seen in follow up of multiple orthopedic complaints related to his lower extremities. He has continued severe pain. Exam of his left ankle reveals tenderness to palpation over the medial and lateral aspect, discoloration, decreased sensation over the foot, muscle atrophy, and decreased and painful range of motion. His pain levels without medication are 8-9 on a scale of 0-10, with medications his pain decreases to a 6-7 on a scale of 0-10. Xanax (since at least 03-25-2015) twice daily is given for anxiety and depression with no response documented. Norco is taken 2 tablets three times daily for pain, and Prilosec twice daily for gastrointestinal relief secondary to medication intake. He also takes Neurontin 600 mg once daily for neuropathic pain. According to provider notes, the worker still needs to continue with psychiatric treatment, needs transportation to all medical visits and has a chronic serious condition. He is temporarily totally disabled. A request for authorization was submitted for Xanax Tab 1mg, #90 A utilization review decision 09/11/2015 modified the request to certify Xanax 1mg Tab#15, and Non-certify Xanax 1mg #75.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax Tab 1mg, #90: Upheld

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

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

Decision rationale: According to the CA Chronic Pain Medical Treatment Guidelines, page 24, 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. Therefore the request for Xanax is not medically necessary.