

Case Number:	CM15-0203586		
Date Assigned:	10/20/2015	Date of Injury:	11/23/2011
Decision Date:	12/01/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 41-year-old male who sustained an industrial injury on 11-23-11. Of note, several documents within the submitted medical records are difficult to decipher. The injured worker reported lumbar spine pain with lower extremity radiation. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar disc displacement and lumbosacral neuritis. Medical records dated 9-2-15 indicate sharp, burning lumbar spine pain. Provider documentation dated 9-2-15 noted the work status as temporary totally disabled. Treatment has included Oxycodone since at least August of 2015, Oxycontin since at least May of 2015, Xanax since at least August of 2015, status post L4-L5 and L5-S1 interbody fusion (8-7-15), lumbar spine magnetic resonance imaging, physical therapy and electromyography (November 2014). Objective findings dated 9-2-15 were noted as "slowly better" and notable for ambulating with the use of a cane, tenderness to lumbar spine. The original utilization review (9-17-15) denied a request for Xanax 1mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #60: Upheld

Claims Administrator 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), Alprazolam (Xanax).

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 section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 1 mg #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnosis is status post recent lumbar spine fusion symptomatic. The date of injury is November 23, 2011. Request for authorization is September 9, 2015. The request for authorization dated August 7, 2015 shows the treating provider requested Ativan 1 mg #120. It is unclear whether the Ativan was approved or noncertified. According to a request for authorization dated August 21, 2015, the treating provider requested Xanax 1 mg. According to an August 26, 2015 progress note, the injured worker status post back surgery August 7, 2015 and complains of low back pain 10/10. Medications include OxyContin and oxycodone. Objectively, there is tenderness at the low back. Range of motion is not applicable secondary to pain. Strength is normal. Medications include Dilaudid and Xanax. The start date for Xanax is not specified. According to the utilization review dated August 25, 2015 certification number 474145, Xanax #30 was authorized with recommendations for weaning. The documentation does not demonstrate objective functional improvement to support ongoing Xanax. Additionally, Xanax is not recommended for long-term use (longer than two weeks). Based on clinical information available record, peer-reviewed evidence-based guidelines, guideline non-recommendations for long-term use and no start date or documentation demonstrating objective functional improvement with compelling clinical facts to support ongoing Xanax, Xanax 1 mg #60 is not medically necessary.