

Case Number:	CM15-0020239		
Date Assigned:	02/09/2015	Date of Injury:	09/13/2008
Decision Date:	03/26/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/03/2015

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: New Jersey

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 52 year old male with an industrial injury dated September 13, 2008. The injured worker diagnoses include chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis, unspecified, anxiety, dysthymic disorder, lumbago, degeneration of lumbar or lumbosacral intervertebral disc and knee pain. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, home exercise therapy, transcutaneous electrical nerve stimulation (TENS) unit and periodic follow up visits. According to the progress note dated 1/13/2015, the treating physician noted that the injured worker presented for reevaluation regarding low back pain and left knee pain. Physical exam revealed tenderness over the lumbar paraspinals, right more than left and pain with range of motion. Documentation noted that straight left leg raise produced low back pain. Left knee exam revealed pain with palpitation of medial and lateral joint line of left knee. The treating physician prescribed Xanax 0.5mg #60 now under review. Utilization Review determination on January 26, 2015 denied the request for Xanax 0.5mg #60 (prescribed 1-13-15), citing MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #60 (prescribed 1-13-15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness & Health Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, the alprazolam (Xanax) was used chronically along with Cymbalta to help treat the worker's depression and anxiety associated with his chronic pain, reportedly. However, the chronic use of Xanax is not recommended. Also, there was insufficient evidence from the notes to suggest this medication was effectively improving his function beyond the Cymbalta alone as this was not included in the documentation, which is required in order to consider this case an exception to the Guidelines. Therefore, the Xanax will be considered medically unnecessary. Weaning may be indicated.