

Case Number:	CM15-0031611		
Date Assigned:	02/24/2015	Date of Injury:	04/20/2008
Decision Date:	04/10/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/19/2015

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 62-year-old female, with a reported date of injury of 04/20/2008. The diagnoses include status post lumbar fusion at L4-S1, revision of fusion at L4-S1, lumbar radiculopathy, and chronic pain. Treatments have included oral medications. The progress report dated 01/09/2015 indicates that the injured worker complained of lumbar spine pain, which was rated 6 out of 10. She stated that the pain had decreased since her last visit. The pain radiated to the bilateral legs. The injured worker denied having depression, anxiety, suicidal attempts, or difficulty sleeping. The lumbar spine examination showed moderate tenderness over the lumbar paraspinal muscles, guarding, and moderate facet tenderness at the levels of L4-S1. There was no documentation of anxiety or panic attacks in the medical report. The treating physician requested Xanax 0.5mg #60. The rationale for the request was not indicated. On 01/28/2015, Utilization Review (UR) denied the request for Xanax 0.5mg #60, noting that Xanax is not recommended for long-term use. The non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Xanax 0.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Alprazolam (Xanax).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Insomnia treatment.

Decision rationale: The 1/28/15 Utilization Review letter states the 60 Xanax 0.5mg requested on the 1/09/15 medical report was denied because guidelines do not recommend use of benzodiazepines longer than 4-weeks. There is an appeal for use of Xanax dated 1/30/15. The physician states there is support for use of benzodiazepines for long term, citing ODG guidelines chronic benzodiazepines are the treatment of choice in very few conditions. The physician states it helps with sleep, and that the patient only takes it when she has panic attacks. He states prior to Xanax, the patient was on quazepam, but it was discontinued due to dry mouth. The 1/09/15 medical report states the patient denies having depression, anxiety, or difficulty sleeping. It appears that the patient was having difficulty with sleeping. The prior medical records do not document anxiety or panic attacks. The prior benzodiazepine quazepam is indicated for sleep, but caused side effects. MTUS Chronic Pain Medical Treatment Guidelines page 24 for Benzodiazepines states: 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. ODG-TWC guidelines, Pain chapter online, under "Insomnia treatment" states: The guideline states that the first-line medications for insomnia are the Non-Benzodiazepine sedative-hypnotics. Insomnia does not appear to be one of the "very few" conditions for long-term benzodiazepine use. ODG guidelines do not recommend benzodiazepines as first-line treatment for insomnia. And the records show the patient denies having anxiety or depression. The continued use of Xanax, a benzodiazepine is not in accordance with MTUS guidelines. The request for 60 Xanax 0.5mg, IS NOT medically necessary.