

Case Number:	CM15-0043638		
Date Assigned:	03/13/2015	Date of Injury:	11/14/2006
Decision Date:	04/22/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/09/2015

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 59 year old female who sustained an industrial injury on November 14, 2006. The injured worker was diagnosed with lumbar degenerative disc disease with radiculopathy, insomnia, and depression due to chronic pain. According to the primary treating physician's progress report on January 14, 2015, the injured worker continues to experience low back pain for over the past year radiating to the left leg and left hip associated with weakness, numbness, and pins and needle sensations in the left leg. The injured worker reports difficulty with sleep, anxiety and balancing. She uses an assistive device as needed for ambulation and walks with an antalgic gait favoring the left side. Examination of the lumbar spine demonstrated tenderness to palpation, increased paraspinal tone bilaterally, decreased range of motion, decreased sensation at left L4 and L5 dermatome distribution and positive facet loading pain bilaterally. Current medications consist of Gabapentin, Morphine CR, Percocet, Soma, Xanax, topical analgesics, Paxil and Buspirone. The primary treating physician is requesting authorization for Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED; Xanax 1mg Qty 60: Upheld

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

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

Decision rationale: The patient presents with lower back pain, which is rated 7/10 on average, 10/10 at worst. Patient also complains of fluctuating levels of anxiety, which interfere with ADL performance and sleep. The patient's date of injury is 11/14/06. Patient has no documented surgical history directed at this complaint. The request is for MED, XANAX 1MG QTY 60. The RFA is dated 03/17/15. Physical examination dated 01/14/15 reveals tenderness to palpation of the lumbar paraspinal muscles and lumbar facets bilaterally from L3-S1, and decreased sensation in the left L4 and L5 dermatomal distributions. Treater also notes a positive straight leg raise test on the left. The patient is currently prescribed Paxil, Buspirone, Gabapentin, Morphine, Percocet, Soma, and Xanax. Diagnostic imaging was not included. Patient's current work status was not provided. MTUS Chronic Pain Medical Treatment Guidelines, page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." In regard to the request for a continuing prescription of Xanax for this patient's anxiety, the duration of therapy exceeds guidelines. While this patient presents with significant anxiety secondary to chronic pain, the requested 60-tablet prescription does not imply short duration therapy. Furthermore, records indicate that this patient has been receiving Xanax for anxiety since at least 07/24/14. Such a long course of treatment with Benzodiazepines carries a risk of dependence and loss of efficacy and is not supported by guidelines. Therefore, the request is not medically necessary.