

Case Number:	CM15-0045252		
Date Assigned:	03/17/2015	Date of Injury:	09/08/2006
Decision Date:	04/17/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/10/2015

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: Arizona, California
 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 57-year-old female, who sustained an industrial injury on 9/8/06. The injured worker has complaints of neck pain, mild back pain and lower backache. The documentation noted that the injured worker had a lumbar spine laminectomy in 1986. The diagnoses have included thoracic pain; cervical pain; cervical spondylosis; spinal/lumbar degenerative disc disease and spasm of muscle. Treatment to date has included epidural steroid injections; thoracic spine X-rays on 6/3/14 showed mild to moderate degenerative disc disease worsening from cranial to caudal in the thoracic spine and medications. The claimant had been on Xanax along with muscle relaxants for spasms since at least 2013. The physician requested continuation of Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had been on Xanax for several years in combination with muscle relaxants. Long-term use is not recommended and the request for Xanax is not medically necessary.