

Case Number:	CM15-0045327		
Date Assigned:	03/17/2015	Date of Injury:	06/05/2011
Decision Date:	04/20/2015	UR Denial Date:	03/04/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old female who sustained work related injuries June 5, 2011. According to a primary treating physician's progress report, dated January 29, 2015, the injured worker presented with improved low back pain rated 1/10 with medication and 4/10 without medication. Her neck and back pain are minimal and she is performing a HEP (home exercise program) which is helpful. A mandatory urine drug screen was performed. Diagnoses included cervical strain with herniated disc C5/6 and C6/7, s/p ACDF (anterior cervical discectomy and fusion). February, 2013; right shoulder strain, impingement, labral tear; lumbar strain, degenerative disc disease L5/S1 with L5 spondylolysis, s/p ALDF (anterior lumbar discectomy and fusion). April, 2014. Treatment plan included medications as needed and continue with shoulder specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 24 of 127.

Decision rationale: Regarding the request for Xanax (alprazolam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Xanax (alprazolam) is not medically necessary.