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| Case Number: | CM15-0057804 | | |
| Date Assigned: | 04/02/2015 | Date of Injury: | 05/05/2003 |
| Decision Date: | 11/25/2015 | UR Denial Date: | 03/23/2015 |
| Priority: | Standard | Application Received: | 03/26/2015 |

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 54 year old male, who sustained an industrial injury on 5-05-2003. The injured worker was diagnosed as having chronic pain syndrome, cervical radiculitis, and cervical disc degeneration. Treatment to date has included diagnostics, cervical spinal surgery, lumbar spinal surgery, and medications. On 3-06-2015, the injured worker complains of neck pain radiating into the bilateral trapezius muscles, worse on the left, into thoracic spine in between the shoulder blades, and numbness in the left forearm and both hands. Severity was rated 5-7 out of 10. Subjective complaints did not include anxiety and-or panic attacks on 3-06-2015, 1-23-2015, 12-05-2014, or 11-07-2014. A review of symptoms did not include psyche symptoms. Medications included Celexa ("denied by insurance"), Xanax 1mg as needed for panic attack, Lyrica ("denied by insurance"), Naproxen, and Norco. Objective findings included an elevated blood pressure, for which he was instructed to contact his primary care physician. Exam noted mild to moderate spasms in the paraspinal and bilateral trapezius muscles limiting neck range of motion, "worsening" numbness in the left forearm, right and left pinky, ring and long fingers (since without Lyrica). The treating physician documented that Xanax was "used sparingly only for panic attacks" and was not filled on a monthly basis. His work status was permanent and stationary and he was not working. The use of Xanax was noted since at least 10-17-2013. The treatment plan included Xanax 1mg #10, non-certified by Utilization Review on 3-23-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg tablet #10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

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 Xanax was used intermittently for several months for panic attacks. Since SSRIs were denied and the medication was used in small quantities (not consistently over a month), Xanax is medically necessary for breakthrough panic attacks.