

Case Number:	CM15-0080227		
Date Assigned:	05/01/2015	Date of Injury:	04/06/2004
Decision Date:	06/01/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/27/2015

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: Emergency Medicine

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 43 year old male, who sustained an industrial injury on April 6, 2004. The injured worker was diagnosed as having cervical and lumbar intervertebral disc displacement, cervicgia, lumbago and headache. Treatment and diagnostic studies to date have included injections, nerve blocks and medication. A progress note dated March 5, 2015 provides the injured worker complains of neck, back and right leg pain. He reports no depression or sleep disturbance. Physical exam notes cervical decreased range of motion (ROM) with pain. The plan includes medication refill and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Xanax 1mg: Upheld

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

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

Decision rationale: Xanax is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long term use. There is strong risk of dependence and tolerance develops rapidly. Review of records show that patient is chronically on this medication. Pt does not appear to be taking this for sleep or anxiety. It is unclear why patient is on this medication. The number of tablets are not appropriate for intermittent use but chronic persistent use. Chronic use of a benzodiazepine can lead to dependence and complications. Xanax is not medically necessary.