MAXIMUS Federal Services

Case Number:	CM15-0239390		
Date Assigned:	12/16/2015	Date of Injury:	10/16/2010
Decision Date:	01/22/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	12/08/2015

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 65 year old male, who sustained an industrial injury on 10-16-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for arthritis, depression, high blood pressure, lumbago, pseudoarthrosis with hardware failure, and status post lumbar fusion. Medical records (05-29-2015 to 11-10-2015) indicate ongoing low back pain. Pain levels were 4-7 out of 10 on a visual analog scale (VAS). Records also indicate increased function since revision surgery. Per the treating physician's progress report (PR), the IW has retired. The physical exam, dated 11-10-2015, revealed Dynamometer test results of 110 on the right and 85 on the left. This PR also indicated that the IW's depression is overall worsening his symptoms and recommended a psychiatric evaluation and treatment, and a referral to pain management. Relevant treatments have included: lumbar fusion (2014) with revision on 07-20-2015, physical therapy (PT), chiropractic treatments, acupuncture, work restrictions, and medications (Xanax for several months). The request for authorization (11-10-2015) shows that the following medication was requested: Xanax 2mg #60 for 30 days. The original utilization review (11-18-2015) non-certified the request for Xanax 2mg #60 for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2mg #60 for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Alprazolam (Xanax), Benzodiazepines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Xanax.

Decision rationale: The 65 year old patient complains of neck pain, rated at 5/10, mid back pain, rated at 4/10, and low back pain, rated at 6/10, as per progress report dated 10/31/15. The request is for Xanax 2mg #60 for 30 days. There is no RFA for this case, and the patient's date of injury is 10/16/10. The patient is status post revision and replacement of hardware at L4 on 07/20/15, as per the operative report. Medications, as per progress report dated 10/31/15, included Ambien, Xanax, Soma, Norco, Amlodipine, Benazepril, Doxazosin, Cymbalta, Cephalexin and Neurontin. The patient is retired, as per the same progress report. ODG-TWC, Pain (Chronic) Chapter under Xanax (Alprazolam) states: Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression. In progress report dated 10/31/15, the treater states that the patient needs psychological evaluation and treatment for his worsening depression. The treater believes if his psychological symptoms were better controlled, his somatic symptoms would be improved. In the meantime, the treater is prescribing Xanax for the patient's anxiety. A review of the available reports indicates that the patient has been taking Xanax at least since 05/29/15. It is not clear when the medication was initiated. The treater does not document the efficacy of Xanax. Additionally, both MTUS and ODG do not recommend long-term use of this medication due to risk of dependence. Hence, the request IS NOT medically necessary.