

Case Number:	CM15-0242732		
Date Assigned:	12/22/2015	Date of Injury:	07/13/2001
Decision Date:	01/25/2016	UR Denial Date:	11/20/2015
Priority:	Standard	Application Received:	12/14/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 55 year old female, who sustained an industrial injury on 07-13-2001. A review of the medical records indicates that the worker is undergoing treatment for cervical spondylosis, interstitial myositis, lumbago, brachial neuritis, displacement and degeneration of cervical intervertebral disc, postlaminectomy syndrome of the cervical region, and other acute reactions to stress. Treatment has included pain medication, Wellbutrin, Xanax (since at least 04-23-2015), spinal cord stimulator placement and surgery. Subjective complaints (11-04-2015) included increased neck, low back and bilateral hip pain that was rated 9-10 out of 10 without medications and 4-6 out of 10 with medications. Objective findings (11-04-2015) included tenderness to palpation of the cervical, thoracic and lumbar spine with decreased left upper extremity strength and sensation. Mental status exam was documented as within normal limits. There was no discussion regarding the effect of Xanax at relieving anxiety and no indication as to the status of the worker's mental health issues. The physician noted that Xanax 1 mg was being requested as the worker's previous psychiatrist was no longer seeing patients and no replacement psychiatrist had been found yet. A utilization review dated 11-20-2015 non-certified a request for Xanax 1 mg tablets, 1 by mouth every 6-8 hours as needed #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg tablets, 1 by mouth every 6-8 hours as needed #120: Upheld

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

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

Decision rationale: Per the guidelines, benzodiazepenes 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The MD visit does not document any significant improvement in pain or functional status or a discussion of side effects specifically related to valium to justify use. A more appropriate treatment for anxiety disorder is an antidepressant and tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this injured worker, the records do not document medical necessity. The prescription of xanax is not medically necessary.