

Case Number:	CM14-0122328		
Date Assigned:	08/06/2014	Date of Injury:	07/21/2003
Decision Date:	10/10/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 58 year old male with an injury date of 7/21/03. Based on the 6/04/14 progress report by [REDACTED] this patient complains of "worsening pain in his right upper extremity, with pain score 7-8/10," with "spasms in the legs and feet" and burning sensation in both feet. This patient is status post implantation of a spinal cord stimulator on 10/25/07 and explanted (at patient's request) on 5/05/11 due to "severe pain" when turning on the device with a "shocking sensation" when charging the device. This patient is diagnosed with Complex Regional Pain Syndrome, Type 1. The utilization review being challenged is dated 7/18/14. The request is for Xanax #60. However, [REDACTED] the peer reviewer, modified and authorized the utilization review determination for "Xanax #60, to allow the patient this one refill of Xanax for the purpose of weaning to discontinue, with a reduction 10% per week over a weaning period of 2-3 months." The requesting provider is [REDACTED] and he has provided various progress reports from 11/08/13 to 6/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter-Benzodiazepines

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

Decision rationale: This patient complains of pain in the right upper extremity, along with spasms in the legs and feet with burning sensation. The treater requests Xanax #60. Regarding benzodiazepines, the MTUS Chronic Pain Guidelines recommend a maximum of 4 weeks, as long-term efficacy is unproven and there is a risk of dependence. Seven reports by the treater (11/08/13, 12/06/13, 1/03/14, 1/31/14, 2/28/14, 4/25/14, and 6/04/14), all list current medications for this patient as: Dilaudid, Clonidine, Lyrica, Soma, Xanax, and Senokot. This patient's continued use of Xanax from November, 2013 to June, 2014 not only exceeds the recommended MTUS Guidelines' timeframe of 4 weeks; continued and long-term use is not supported. Furthermore, Benzodiazepines act synergistically with other drugs such as opioids, in this case, Dilaudid (also prescribed), which can cause adverse effects. Given the lack of a proactive schedule/discussion to wean-to-discontinue Xanax and the risk of dependence and tolerance, the request is not medically necessary and appropriate.