

Case Number:	CM14-0132877		
Date Assigned:	08/25/2014	Date of Injury:	09/18/2000
Decision Date:	10/23/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/19/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

The patient is a 42-year-old woman who sustained a work related injury on September 18, 2000. Subsequently, she developed back and bilateral knees pain. According to a progress report dated June 19, 2014, the patient indicates increased pain about the low back and states that her symptoms have not yet resolved. Examination of the lumbar spine revealed no gross deformity, but tenderness and spasm with reduced range of motion and shooting pain into the right lower extremity. Straight leg raising is positive on the right. Examination of the knees revealed crepitus bilaterally. There is no muscle atrophy. There is moderate effusion bilaterally. There is point tenderness upon palpation along the medial and lateral joint line bilaterally. There is decreased sensation at the right lateral thigh. Medications included: Ambien, Anaprox, Protonix, Xanax, Ultram, Soma, and Prozac. The patient was diagnosed with lumbar spine disc bulge, with spinal stenosis and internal derangement. The provider requested authorization for Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25mg #60 for the lumbar spine and bilateral knees: Upheld

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

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

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. The medication was prescribed for several months without documentation of its efficacy. There is no documentation for the indication and rational for continuous use of Xanax. Therefore the use of Xanax is not medically necessary.