

Case Number:	CM14-0137007		
Date Assigned:	08/29/2014	Date of Injury:	03/19/2008
Decision Date:	09/24/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/21/2014

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 Family Medicine and is licensed to practice in Arizona. 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 injured worker is a 42 year old female with a date of injury on 3/19/2008. Diagnoses include lumbar discopathy, right knee internal derangement, left knee pain, and cervical discopathy with radiculopathy. Subjective complaints are of ongoing pain in the neck, low back and bilateral knees, and difficulty sleeping due to pain. Physical exam shows pain and weakness with heel and toe walk. There is mild cervical torticollis, and head compression and Spurling's is positive bilaterally. There is paralumbar spasm and tightness, with decreased lumbar range of motion. Medications include Tramadol, Xanax, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazapines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Formulary.

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

Decision rationale: CA MTUS guidelines does not recommend anxiolytics as first line therapy for stress-related conditions as they can lead to dependence and do not alter stressors or the

individual's coping mechanisms. Benzodiazepines in particular are not recommended for long-term use because long-term efficacy is unproven. Most guidelines limit use to 4 weeks, due to dependence and tolerance that can occur within weeks. For this patient, there is reference to anxiety in the clinical records, but objective evidence or rationale is not present to support the chronic use of a Benzodiazepine. Therefore, the request for Xanax is not medically necessary.