

Case Number:	CM14-0137725		
Date Assigned:	09/05/2014	Date of Injury:	04/22/2003
Decision Date:	10/27/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/26/2014

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 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 71 year-old patient sustained an injury on 4/22/2003 while employed by [REDACTED]. Request(s) under consideration include Xanax 0.5 mg, #30 with one refill. Diagnoses include lumbar disc disorder without myelopathy s/p fusion; s/p cervical spine fusion at C5-7 on 1/8/13. Conservative care has included medications, therapy, epidural steroid injections, and modified activities/rest. Report of 5/28/14 noted exam findings of cervical spine with full range but pain on extension; 5/5 motor strength in upper extremities with intact sensory in all dermatomes, DTRs 2+; lumbar spine with spasm and limited range from pain; 5/5 strength except for 4/5 at EHL with intact sensation except for decreased sensory at anteromedial calf and anterior thigh. Report of 6/3/14 from the provider noted the patient with ongoing chronic neck and back pain associated with headaches; pain, pins and needles with weakness of shoulders, arm, wrist/hands and fingers; lower back pain radiates to hips/buttocks, legs, ankles to feet with pins and needles; noted anxiety unable to concentrate. Exam showed diffuse tenderness to cervical and lumbar spine, trapezius with spasm; positive straight leg rises with diffuse limited range of motion; and 5-/5 strength at left hip flexors and ankle. Treatment was to continue pain management. The request(s) for Xanax 0.5 mg, #30 with one refill was modified for weaning purposes on 8/18/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg, thirty count with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 71 year-old patient sustained an injury on 4/22/2003 while employed by [REDACTED]. Request(s) under consideration include Xanax 0.5 mg, #30 with one refill. Diagnoses include lumbar disc disorder without myelopathy s/p fusion; s/p cervical spine fusion at C5-7 on 1/8/13. Conservative care has included medications, therapy, epidural steroid injections, and modified activities/rest. Report of 5/28/14 noted exam findings of cervical spine with full range but pain on extension; 5/5 motor strength in upper extremities with intact sensory in all dermatomes, DTRs 2+; lumbar spine with spasm and limited range from pain; 5/5 strength except for 4/5 at EHL with intact sensation except for decreased sensory at anteromedial calf and anterior thigh. Report of 6/3/14 from the provider noted the patient with ongoing chronic neck and back pain associated with headaches; pain, pins and needles with weakness of shoulders, arm, wrist/hands and fingers; lower back pain radiates to hips/buttocks, legs, ankles to feet with pins and needles; noted anxiety unable to concentrate. Exam showed diffuse tenderness to cervical and lumbar spine, trapezius with spasm; positive straight leg rises with diffuse limited range of motion; and 5-/5 strength at left hip flexors and ankle. Treatment was to continue pain management. The request(s) for Xanax 0.5 mg, #30 with one refill was modified for weaning purposes on 8/18/14. Xanax (Alprazolam) is indicated for the management of anxiety disorder. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Alprazolam is an anti-anxiety medication in the benzodiazepine family which inhibits many of the activities of the brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, benzodiazepines 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 as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered. The Xanax 0.5 mg, #30 with one refill is not medically necessary and appropriate.