

Case Number:	CM14-0142837		
Date Assigned:	09/10/2014	Date of Injury:	08/28/1988
Decision Date:	10/14/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/03/2014

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 & 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:

The injured worker is a 52-year-old female who reported an injury on 08/28/1988 due to an unspecified mechanism of injury. The injured worker's complaint is unclear. The injured worker had a diagnosis of lumbar degenerative disc disease, status post discectomy, laminectomy and fusion, chronic cervicgia, chronic back pain, right lumbosacral radiculitis, back related insomnia, relevant history of osteopenia, fibromyalgia, depression, and rheumatoid arthritis. Unclear of the diagnostics due to the age of the injury. The medications included Duragesic, Norco, Remicade, methotrexate, Fosamax, Xanax, and Nexium, and a supplement called Xango Juice. The objective findings dated 05/12/2014 of the cervical spine revealed moderate tenderness and spasms noted throughout the bilateral cervical paraspinous regions, with tenderness noted throughout the cervical spine. Range of motion testing in the cervical spine was deferred. The examination of the thoracolumbar spine revealed slight tenderness to palpation throughout the thoracic spine, no thoracic paraspinal tenderness was noted. Finger to floor distance was 15 inches. The injured worker was noted to have tenderness throughout the lumbar spine. Seated straight leg raise was positive on the right. The neurological examination revealed deep tendon reflexes 2+ to the right and knee and absent to the left. The injured worker had 1+ reflexes to the ankle. Babinski's testing was negative bilaterally. Motor testing to the lower extremities was 5/5 to all major groups except for right hip flexion, which was slightly reduced. Sensation to light touch was slightly reduced at the anterolateral right thigh. Otherwise sensation to light touch and proprioception was grossly intact to the lower extremities. The treatment plan included to follow the acupuncturist and to taper the Norco. The Request for Authorization dated 02/19/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #90: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is not proven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The clinical documentation submitted indicated that the injured worker was prescribed Xanax on 12/16/2013 and again on 05/12/2014, exceeding the guidelines. The clinical notes indicated that the Xanax was for the pain. However, the injured worker is already taking a fentanyl patch at 75 mcg daily and Norco 5/325 mg. The combination exceeds the morphine equivalent dosage recommended. The request did not indicate the frequency. As such, the request for Xanax 0.5 mg #90 is not medically necessary and appropriate.