

Case Number:	CM14-0152096		
Date Assigned:	09/22/2014	Date of Injury:	01/19/2005
Decision Date:	10/21/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/18/2014

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 29 year-old with a date of injury of 01/09/05. A progress report associated with the request for services, dated 08/27/14, identified subjective complaints of low back and thoracic pain. She was noted to have ongoing anxiety that increases her pain. Objective findings included tenderness to palpation of the lumbar spine. There was decreased sensation in the L5 dermatomes. Motor function was normal. Diagnoses included (paraphrased) lumbar disc disease; status post lumbar laminectomy; lumbar radiculitis; GERD (Gastro-Esophageal Reflux Disease); anxiety; and depression. Treatment had included a laminectomy (05/22/12), epidural steroid injections, and oral and topical analgesics. Xanax was being used as needed for anxiety. A Utilization Review determination was rendered on 09/08/14 recommending non-certification of "Thoracic x- ray; Lumbar x- ray; and Xanax 0.5mg".

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic x- ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177; 182.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Guidelines state cervical and thoracic spine x-rays are indicated with the emergence of a red flag (fever, acute neurological deficits, etc.), physiologic evidence of nerve dysfunction, failure to progress in an exercise program, or clarification of anatomy prior to a procedure. In this case, the x-ray was ordered because the patient was concerned about a curvature in her back. This could be elucidated on physical examination. Therefore, there is no documented medical necessity for an x-ray of the thoracic spine.

Lumbar x- ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Guidelines state lumbar spine x-rays may be appropriate if the physician believes that it would aid in patient management. In this case, the x-ray was ordered because the patient was concerned about a curvature in her back. This could be elucidated on physical examination. Therefore, there is no documented medical necessity for an x-ray of the lumbar spine.

Xanax 0.5mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Alprazolam (Xanax)

Decision rationale: Alprazolam (Xanax) is a benzodiazepine anxiolytic. The Medical Treatment Utilization Schedule (MTUS) state that 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. They further note that that they are the treatment of choice in very few conditions. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The Official Disability Guidelines (ODG) specifically states that Xanax is not recommended for long-term use. The non-certification was based upon the lack of recommendation for long-term use. In this case, though the documentation is for longer-term use, it is on an as-needed basis. Therefore, the record does document the medical necessity of alprazolam (Xanax).