

Case Number:	CM14-0162561		
Date Assigned:	10/07/2014	Date of Injury:	07/18/2007
Decision Date:	11/07/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/02/2014

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 Anesthesiology and is licensed to practice in Tennessee, North Carolina and Georgia. 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 44-year-old female who reported an injury on 07/18/2007. The mechanism of injury was not provided. On 03/10/2014, the injured worker presented with right knee pain. Current medications included Norco, Omeprazole and Lidoderm. Upon examination of the right knee, there was decreased range of motion with range of motion due to pain, positive edema, and warmth. There was crepitus noted at the right knee. The diagnoses were lower leg pain and ankle and foot joint pain. Prior therapy included Synvisc injections. The provider recommended Xanax 1 mg #90, the provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg, #90: Upheld

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

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

Decision rationale: The request for Xanax 1 mg #90 is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long

term efficacy is unproven and there is risk for dependence. Most guidelines limit the use for 4 weeks. The injured worker has been prescribed Xanax previously, and the provider's request for Xanax 1 mg #90 exceeds the guideline recommendation for short term therapy. There is lack of efficacy of the prior use of the medication to support continued use and the frequency was not provided in the request as submitted. Therefore, based on the above, the medical necessity has not been established.