

Case Number:	CM14-0163387		
Date Assigned:	10/08/2014	Date of Injury:	03/28/2007
Decision Date:	11/07/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/03/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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 31-year-old male with related low back pain. The date of injury was on 3/28/07. Per progress report dated 9/17/14, the injured worker complained of bilateral low back pain radiating into the bilateral posterior thighs. He stated his laptop, his belongings, and his pain medications were stolen from his car on 9/15/14. He had filed a police report. Per physical exam, lumbar ranges of motion were restricted by pain in all planes. Lumbar discogenic provocative maneuvers were positive. There were lumbar muscle spasms upon palpation. Straight leg raising test was positive bilaterally. There was reduced sensation to touch in the bilateral L5 dermatome and in the left S1 dermatome. Treatment to date has included physical therapy and medication management. The date of UR decision was 9/22/14. The date of UR decision was 9/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription request for Xanax 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 24 regarding benzodiazepines: "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The documentation submitted for review contained no rationale as to why this medication was prescribed. The request is not medically necessary.