

Case Number:	CM14-0166690		
Date Assigned:	10/13/2014	Date of Injury:	06/27/2000
Decision Date:	11/13/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/09/2014

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:

The patient is a 55 years old female with an injury date on 06/27/2000. Based on the -09/05/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervicalgia 2. Cervical degenerative disc disease 3. Cervical spinal stenosis with mild cord compression without myelopathy 4. Cervical degenerative facet disease 5. Double radiculopathy 6. Lumbago 7. Lumbar degenerative facet disease 8. Lumbar degenerative disc disease 9. Lumbar HNP (herniated nucleus pulposus). According to this report, the patient complains of neck pain and left upper back pain. The patient rated the pain as a 10/10 and is "tired of the pain." Straight leg raise test is positive on the right. Pain is noted to goes down both arms and right leg. MRI of the cervical and lumbar spine on 05/02/214 reveals moderate disc height loss and endplate degenerative changed at C5-C6 and no developmental spinal stenosis of the lumbar spine. There were no other significant findings noted on this report. The utilization review denied the request on 09/18/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 06/05/2014 to 09/05/2014

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg, #60 for neck and low back pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed, Physician's Desk Reference 68th ed. www.RxList.com, and on

the ODG Worker's Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm,
drugs.com.

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

Decision rationale: According to the 09/05/2014 report this patient presents with neck pain and left upper back pain. The treater is requesting decision for Xanax 1mg, #60 for neck and low back pain. MTUS guidelines page 24, do not recommended for long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. Review of reports show the patient has been prescribed Xanax since 06/05/14 and it is unknown exactly when the patient initially started taking this medication. In this case, there is a request for Xanax #60, but the treater does not mention why this medication is being prescribed. There is no discussion in the reports regarding this medication. The treater does not mention that this is for a short-term use. Recommendation is for denial.