

Case Number:	CM14-0183959		
Date Assigned:	11/10/2014	Date of Injury:	03/28/2005
Decision Date:	12/15/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/04/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 43 year old male with a work injury dated 3/28/05. His diagnoses include status post lumbar fusion; status post right arm amputation for osteosarcoma; chronic low back pain; lumbar radiculitis; right sacroiliac joint pain status post right SI joint fusion; high opiate tolerance. The patient had hardware removal L3, L4, L5, and S1 on 9/16/2013. There is a 9/23/14 progress note that states that the patient comes in today for follow-up of his chronic multiple medical problems and for medication refills. He has chronic post fusion back pain, failed back surgery syndrome, pain from right arm amputation and a very high opioid tolerance. He is having some difficulty some with his Worker's Comp coverage of his current medications. He did discontinue almost all opiates. He was on buprenorphine, but has had a severe exacerbation pain and is having some significant difficulty. Now has pain over right SI joint region and is awaiting diagnostic and therapeutic right SI joint injection. Current reported pain score of 6/10. Blood pressure is 132/80. Pulse is 86. Weight is 188 pounds. He is alert and oriented. Speech is clear. He is appropriate. His tenderness in his back, a well-healed surgical scar in his lumbar spine and right mid forearm amputation. Motor and sensory exam of the lower extremities are grossly intact. His medications include Buprenorphine 8 mg sublingual one tablet b.i.d. #60; Lyrica 200 mg one t.i.d. #90; Norco 10/325 mg one q. 4 to 6 hours p.r.n., maximum eight per day #240; Nucynta 50 mg two tablets three times a day #180; soma 350 mg one t.i.d. #90 and Xanax 1 mg one three times a day #90. He is currently disabled. The treatment plan includes refill of medications and request authorization for diagnostic and therapeutic right SI injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Xanax 1mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic)

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

Decision rationale: 1 prescription for Xanax 1mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines 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. 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on Xanax since at least July of 2012 which is significantly longer than the recommended 4 week period. The documentation does not indicate extenuating circumstances which would necessitate going against guideline recommendations. The request for 1 prescription for Xanax 1mg #90 is not medically necessary.