

Case Number:	CM14-0089645		
Date Assigned:	07/23/2014	Date of Injury:	11/28/2011
Decision Date:	09/24/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/13/2014

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 56 year-old with a date of injury of 11/28/11. A progress report associated with the request for services, dated 03/26/14, identified subjective complaints of neck and low back pain radiating into the extremities, and shoulder pain. Objective findings included tenderness to palpation of the lumbar spine and decreased range of motion of the neck, low back, and shoulders. Diagnoses included (paraphrased) cervical sprain/strain; cervical disc disease with radiculopathy; lumbar disc disease; and left rotator cuff tear. Treatment had included Xanax and Naproxen. A Utilization Review determination was rendered on 06/05/14 recommending non-certification of "Xanax 0.5 mg, #60".

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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 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. In this case, there is documentation of longer-term use. Therefore, the record lacks documentation for the medical necessity of alprazolam (Xanax).