

Case Number:	CM14-0094353		
Date Assigned:	07/25/2014	Date of Injury:	05/10/1999
Decision Date:	09/25/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/23/2014

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, has a subspecialty in 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 51 year old female who had a work related injury on 05/10/99. The mechanism of injury is not described. The most recent medical record submitted for review is dated 06/04/14. The injured worker is back today for follow up over a work related injury to her upper extremities and back. The injured worker complains of persistent neck, left shoulder, and bilateral hand pains that she rates at 8-9/10 and persistent left leg pain that she rates 9-10/10. The main complaint is aching and burning low back pain that she rates 10/10. The injured worker also complains of pain and swelling in her fingers. The injured worker is status post lumbar fusion. She is having an acute exacerbation of pain. Spinal inspection reflects no kyphosis or scoliotic deformity. The injured worker is able to toe and heel walk. There is tenderness about the lumbar and thoracic paraspinal muscles. Flexion of the lumbar spine is 40 degrees, extension is 10 degrees. Rotation to the right and left is 40 degrees. Tilt to the right and left is 20 degrees. There is decreased sensation about the L5 dermatome on the left. Negative pathological reflexes. The diagnosis is low back syndrome, bilateral carpal tunnel syndrome, status post right carpal tunnel release, left shoulder pain, status post arthroscopy, left side ulnar neuritis, left side lateral epicondylitis, left sided DeQuervain's tenosynovitis, and depression. Prior utilization review on 05/19/14 was modified to initiate weaning. Current request is for Xanax 1mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #30 with 2 refills: Upheld

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

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

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use due to lack of proven efficacy with prolonged use and the 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 patient has exceeded the 4 week treatment window. Prior utilization review on 05/19/14 was modified to initiate weaning. As such, the request for this medication cannot be recommended at this time.