

Case Number:	CM14-0212410		
Date Assigned:	01/02/2015	Date of Injury:	01/12/2004
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male with date of injury 1/12/04. The treating physician report dated 11/25/14 (37) indicates that the patient presents neck and back pain. The physical examination findings reveal there is an acute muscle spasm in the right thoracolumbar region extending into the lumbar quadratus lumborum on the right. Cervical compression reproduces radicular pattern of pain into the bilateral hands noted as numbness and tingling. ROM is decreased in the cervical spine especially with forward flexion to 30 degrees causing pulling and burning pain into the back. In the lumbar spine, there is tenderness of the lumbar paraspinal musculature with positive straight leg raising on the left. There is no significant focal weakness and there are no significant dermatomal changes. The current diagnosis is: 1. Thoracic disc displacement The utilization review report dated 12/12/14 (43) denied the request for Xanax based on lack of medical necessity.

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 Benzodiazepines.

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

Decision rationale: The patient presents with neck and back pain. The current request is for Xanax 0.5 mg #60. The MTUS guidelines state that benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. 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." In this case, the patient has been prescribed this medication since 08/26/14 which is a 3 month time frame. This medication is only supported for short term usage as MTUS states, "Most guidelines limit use to 4 weeks." There is no documentation supplied that would override the MTUS guidelines and the guidelines do not support continued usage of this medication. Recommendation is for denial.