

Case Number:	CM14-0213564		
Date Assigned:	12/31/2014	Date of Injury:	05/07/2008
Decision Date:	03/03/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 52-year-old woman with a date of injury of 05/07/2008. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 11/12/2014 indicated the worker was experiencing pain in the lower back, neck, left arm, and left hip. The documented examination described tenderness in the upper back, trigger points associated with the lower back, decreased motion in the upper and lower back joints, and decreased sensation along the paths of the C6 and L4 nerves. The submitted and reviewed documentation concluded the worker was suffering from cervical radiculopathy, fibromyalgia, muscle spasm, and cervical spondylosis. Treatment recommendations included medications, urinary drug screen testing, and follow up care. A Utilization Review decision was rendered on 11/20/2014/2014 recommending non-certification for ninety tablets of Xanax (alprazolam) 0.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg Qty: 90: Upheld

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

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

Decision rationale: Xanax (alprazolam) is a medication in the benzodiazepine class. The MTUS Guidelines recommend benzodiazepines for no longer than four weeks. Long-term benefits are not proven, and tolerance to the potential benefits develops quickly. Long-term use can increase anxiety and can lead to dependence. The submitted and reviewed records indicated the worker was experiencing lower back, neck, left arm, and left hip. There was no discussion indicating the length of treatment, but the worker had taken this medication for at least a month at the time of the request. There was no discussion describing special circumstances that sufficiently supported the long-term use of alprazolam. In the absence of such evidence, the current request for ninety tablets of Xanax (alprazolam) 0.5mg is not medically necessary.