

Case Number:	CM15-0101624		
Date Assigned:	06/04/2015	Date of Injury:	09/08/2008
Decision Date:	07/09/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/27/2015

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, Arizona,
Maryland Certification(s)/Specialty: Psychiatry

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 (IW) is a 53-year-old female who sustained an industrial injury on 09/08/2008. The initial report of injury is not found in the medical records. The injured worker was diagnosed as having lumbago, lumbar radiculitis, pelvic hip pain, lumbar post laminectomy syndrome, and sacroiliac joint dysfunction. Treatment to date has included surgery, treatment with a pain management clinic, and medications with medication monitoring. On 03/24/2015, the IW returns for a medication refill, presenting with lumbar sacral back pain in the midline of the lower back, left lower back, and right lower back with pain on scale of 4/10 without medication. Current medications are Roxicodone, GlycoLax, MS Contin, 100 mg tablet Extended release, MS Contin 30 mg tablet extended release, Promethazine, Prilosec, and Xanax. The worker complains of constipation but denied nausea and vomiting, the worker complained of anxiety and depression. Examination of the spine, ribs and pelvis note that there is presence of a scar, tenderness at the lumbar spine, tenderness at facet joint, decreased flexion, decreased extension, and decreased lateral bending. She is overall alert and oriented. A request for authorization is made for Xanax 0.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states, 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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Xanax on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Xanax 0.5mg #30 is excessive and not medically necessary.