

Case Number:	CM15-0114081		
Date Assigned:	06/22/2015	Date of Injury:	05/25/2011
Decision Date:	07/22/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/12/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female, who sustained an industrial injury on 05/25/2011. She has reported injury to the neck, right shoulder, and mid and low back. The diagnoses have included cervical facet syndrome spondylosis without myelopathy; spinal stenosis; spine sprain and strain with chronic myofascial pain; lumbosacral disc disease; lumbar stenosis; lumbar radiculitis; cervical radiculitis; lumbar facet syndrome with spondylosis without myelopathy; postlaminectomy syndrome lumbar spine; thoracic facet syndrome; status post L4-L5 posterior lumbar interbody fusion; and anxiety and depression due to chronic long-term pain. Treatment to date has included medications, diagnostics, cervical facet injections, lumbar epidural steroid injection, and surgical intervention. Medications have included Lyrica, Celebrex, Ultram ER, Oxycodone, Flexeril, Flector Patch, Zanaflex, Wellbutrin, and Xanax. A progress report from the treating provider, dated 04/28/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of continuous neck pain with numbness down into the bilateral fourth and fifth fingers; continued low back pain with numbness down into the bilateral feet and toes; facet blocks have helped her pain in the cervical spine; discontinuation of Celebrex, due to being hypertensive, has caused significantly increased discomfort; medications reduce the pain from as high as 8/10 on the pain scale down to 3/10 at best; with the medications, she is able to perform her occupational duties up to four hours per day and she is able to walk her dog for thirty minutes; and without the medications, she cannot do more than ten minutes. Objective findings included continued significant myofascial pain, muscle tension, and trigger point activity noted in the cervical spine; facet tenderness especially in the C5 through C7

region; decreased cervical range of motion; cervical compression is positive bilaterally; tenderness in the lumbar paraspinal musculature with taut muscle bands and active trigger points; there is referred pattern of pain with palpation but does not cause radiation into the lower extremity; lumbar spine range of motion is limited; right shoulder palpation continues to show positive tenderness of the acromioclavicular joint and insertion of the biceps tendon; and impingement sign is positive. The treatment plan has included the request for Xanax 25mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Online Version - Alprazolam (Xanax).

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

Decision rationale: Regarding the request for Xanax (alprazolam), Chronic Pain Medical Treatment Guidelines state the 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. 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." Within the documentation available for review, there is documentation of anxiety, but there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Xanax (alprazolam) is not medically necessary.