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| Case Number: | CM15-0119669 | | |
| Date Assigned: | 06/30/2015 | Date of Injury: | 09/15/2002 |
| Decision Date: | 07/29/2015 | UR Denial Date: | 06/13/2015 |
| Priority: | Standard | Application Received: | 06/22/2015 |

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: Orthopedic Surgery

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 43 year old male who sustained an industrial injury on 09/15/2002. Mechanism of injury occurred when he lifted a case of beer and felt a sharp pain in his low back. Diagnoses include L4-5 foraminal stenosis with right leg radiculopathy, posterior pseudarthrosis L4-S1 and anterior pseudarthrosis L5-S1, status post L4-S1 fusion, Grade III spondylolisthesis L5-S1, anxiety, depression, chronic intractable pain, left knee meniscal tear, status post right knee above the knee amputation, status post removal of hardware with instrumentation L4-S1 on the L5-S1 on the left, L4-L5 hemilaminectomy, L5 foraminotomy on 03/18/2015. Treatment to date has included diagnostic studies, chiropractic sessions, use of a Transcutaneous Electrical Nerve Stimulation unit, epidural steroid injections, status post lumbar fusion in 2013, with instrumentation and revision, physical therapy, and back brace. His current medications include Norco, Oxycodone, Neurontin, and Xanax. A physician progress note dated 06/02/2015 documents the injured worker continues with low back pain that he rates as 10 out of 10 on the pain scale without medications, and 6 out of 10 on the Visual Analog Scale with medications. On palpation there is tenderness of the paravertebral muscles bilaterally. Lumbar range of motion is restricted and painful. The treatment plan includes physical therapy, Oxycodone, a follow up in 4 weeks and the injured worker may undergo random urine toxicology screening. Treatment requested is for Xanax 2mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Alprazolam (Xanax) (updated 04/30/15).

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

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 24, regarding benzodiazepines, "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. 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." In this case, the exam note from 6/2/15 does not demonstrate a quantitative assessment of improvement in functional activity while on the medication. In addition, there is no mention of prior response to this medication, increase in activity of a urine toxicology report demonstrating compliance. Therefore, the request for Xanax 2mg #15 is not medically necessary and appropriate.