

Case Number:	CM15-0129249		
Date Assigned:	07/22/2015	Date of Injury:	07/14/1992
Decision Date:	09/23/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/02/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47 year old male patient, who sustained an industrial injury on 7/14/1992. He sustained the injury while slipping and falling, landing on his tailbone and experiencing pain in the low back with radiation into the lower extremities. The diagnoses include post laminectomy syndrome, lumbar disc disease, lumbar radiculitis, and sacroiliitis. Per the doctor's note dated 6/18/2015, he had complaints of increasing pain and tenderness over the sacroiliac joints. He rated his pain 6/10 and indicated it interferes with activities and sleep. Physical examination revealed well healed scar on the low back, tenderness with spasms noted over the thoracic spine, decreased low back range of motion, and positive straight leg raise testing bilaterally. Per the doctor's note dated 3/12/2015, he had complaints of increasing pain and tenderness over the sacroiliac joints. He indicated Fentanyl patches to provide 2 days relief, use of Norco for breakthrough pain. A sacroiliac injection was noted to have given 80% pain relief, but was now returning. His current medications list includes Norco, Prilosec, Orphenadrine, Fentanyl patch, Lyrica, Cialis, Xanax, and Somnicin. He has had urine toxicology on 3/18/2015 which was negative for Xanax, positive for acetaminophen, hydrocodone, hydromorphone, imipramine, desipramine, norhydrocodone, and Pregabalin. He has undergone multiple low back surgeries in 1992, 2001, 2006, 2008, 2011. He has had a CT scan of lumbar spine on 10/11/2013. He has had a spinal cord stimulator trial for this injury. The request is for Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 MG #45: 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, 1, 8-9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 08/31/15), Benzodiazepine.

Decision rationale: Xanax 0.5 MG #45. Xanax contains Alprazolam which is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." In addition per the cited guidelines "Recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). A case-control study of nearly 9000 older individuals showed that risk for AD was increased by 43% to 51% in those who had ever used benzodiazepines in the previous 5 years. The association was even stronger in participants who had been prescribed benzodiazepines for 6 months or longer and in those who used long-acting versions of the medications. (Billioti, 2014) Despite inherent risks and questionable efficacy, long-term use of benzodiazepines increases with age, and almost all benzodiazepine prescriptions were from nonpsychiatrist prescribers. Physicians should be cognizant of the legal liability risk associated with inappropriate benzodiazepine prescription. Benzodiazepines are little better than placebo when used for the treatment of chronic insomnia and anxiety, the main indications for their use. After an initial improvement, the effect wears off and tends to disappear. When patients try to discontinue use, they experience withdrawal insomnia and anxiety, so that after only a few weeks of treatment, patients are actually worse off than before they started, and these drugs are far from safe. (Olfson, 2015)" Prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. Detailed history of insomnia and anxiety since the date of injury is not specified in the records provided. Response to other measures for insomnia/anxiety is not specified in the records provided. In addition, he has had a urine toxicology on 3/18/2015 which was negative for Xanax. The medical necessity of Xanax 0.5 MG #45 is not fully established for this patient. The request is not medically necessary.