

Case Number:	CM15-0168655		
Date Assigned:	10/02/2015	Date of Injury:	03/28/1994
Decision Date:	11/16/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/27/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 75 year old female who sustained a work-related injury on 3-28-94. Medical record documentation on 8-4-15 revealed the injured worker was being treated for post-laminectomy syndrome of the lumbar spine, cervical post-laminectomy syndrome and myofascial pain syndrome. She reported neck pain, mid-back pain and low back pain. She was using up to 3 Norco 10 mg each day for breakthrough pain and reported good pain control with this. She completed 12 sessions of aqua therapy after spinal hardware removal on 4-30-13 and reported improvement of pain. Her pain has increased over the last several months. Lyrica helps her radicular symptoms. Objective findings included a full lumbar spine range of motion with extension to 35 degrees, and flexion to 80 degrees. She had pain with lumbar range of motion. She has pain with palpation over the lower lumbar spine and has bilateral sacroiliac joint pain. She had a positive FABER exam and pain over the hardware bilaterally of the lower lumbar segments. Her medication regimen included Ambien CR 12.5 mg, Lyrica 100 mg, Nexium 40 mg and Norco 10-325 mg. A request for Xanax 2 mg #30 was received on 8-6-15. On 8-10-15 the Utilization Review physician determined Xanax 2 mg #30 was not medically necessary based on California Medical Treatment Utilization Schedule and the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Xanax.

Decision rationale: The 75 year old patient complains of neck, mid back, and low back pain, as per progress report dated 08/04/15. The request is for XANAX 2mg #30. The RFA for this case is dated 08/05/15, and the patient's date of injury is 03/28/94. Diagnoses, as per progress report dated 08/04/15, included lumbar post-laminectomy syndrome, cervical post-laminectomy syndrome, and myofascial pain syndrome. Medications included Norco, Lyrica (stopped at this visit), Losartan, Lexapro, Clonidine, Nexium, Seroquel (stopped at this visit), and Valium. The reports do not indicate the patient's work status. The MTUS Chronic Pain Guidelines 2009, page 24, Benzodiazepine section states, benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence. ODG-TWC, Pain (Chronic) Chapter under Xanax (Alprazolam) states: Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression. In this case, it is not clear when Xanax was initiated. As per report dated 01/20/15, reviewed in progress report dated 03/17/15, the patient has ongoing issues with anxiety and reports that the 1 mg Xanax has not been helpful. As per progress report dated 07/14/15, the patient's sleep continues to be poor even with higher doses of Xanax. Hence, the patient seeks to trial Seroquel. The RFA for the current request is dated 08/05/15. It appears that the patient is going back to Xanax again. However, as per prior reports, Xanax is not helping the patient. Additionally, both MTUS and ODG do not recommend long-term use of this medication due to risk of dependence. Hence, the request IS NOT medically necessary.