

Case Number:	CM15-0171950		
Date Assigned:	09/14/2015	Date of Injury:	06/23/2008
Decision Date:	10/19/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/01/2015

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, North Carolina
 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 42 year old female sustained an industrial injury on 6-23-08. Documentation indicated that the injured worker was receiving treatment for chronic pain syndrome secondary to low back pain with radiculopathy. Previous treatment included physical therapy, epidural steroid injections, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 2-9-15, the injured worker complained of low back with radiation down the legs, rated 9 out of 10 on the visual analog scale without medications and 7 out of 10 with medications. The treatment plan included refilling current medications (Norco, Norflex, Celebrex and Ambien) and discontinuing Xanax. In a Pr-2 dated 4-16-15, the injured worker complained of ongoing low back pain with radiation down bilateral legs, rated 10 out of 10 on the visual analog scale. The physician noted that the injured worker now had worsening low back pain. Ambien continued to provide help with insomnia. Xanax continued to manage anxiety. The treatment plan included magnetic resonance imaging lumbar spine and refilling medications (Tizanidine, Xanax, Celebrex, Ambien and Norco) and adding Lidoderm patches. In a PR-2 dated 8-7-15, the injured worker complained of low back pain that traveled all the way down to her toes, rated 9 out of 10 on the visual analog scale without medications and 6 out of 10 with medications. Physical exam was remarkable for "difficulties" with range of motion of the lumbar spine due to pain, tenderness to palpation to the paraspinal musculature and lumbar facets at L4-S1, positive lumbar facet loading maneuvers, positive bilateral straight leg raise and dullness to pinprick to bilateral feet and toes. The treatment plan included continuing medications (Tizanidine, Xanax, Celebrex, Ambien, Norco and Lidoderm patch). On 8-11-15, Utilization Review modified a request for Xanax0.5mg #60 to Xanax #50 for the purpose of tapering to cessation by decreasing dose by approximately 10% over 1 to 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg quantity 50 for the purpose of tapering to cessation by decreasing dose by approximately 10% over 1-2 weeks (certified duration 3 months to achieve wean): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications.

Decision rationale: CA MTUS Guidelines states that tapering of benzodiazepines like Xanax is required if used for greater than 2 weeks. The recommended rate of tapering is about 1/8 to 1/10 of the daily dose every 1-2 weeks. In this case the patient is taking Xanax 0.5 mg, 1/2 to one tablet per day. The request is for number #60 to achieve the weaning process. UR modified the request to approval for #50. However a taper over 9 weeks would require only #32 tablets to achieve weaning off the Xanax at 1/10 the daily dose of 0.5 mg over 9 weeks. Therefore the request for #60 Xanax 0.5 mg tablets is not medically necessary or appropriate