

Case Number:	CM15-0046676		
Date Assigned:	03/18/2015	Date of Injury:	12/01/1998
Decision Date:	04/23/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/11/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 65 year old female, who sustained a work/ industrial injury on 12/1/98. She has reported initial symptoms of chronic low back pain and anxiety. The injured worker was diagnosed as having chronic low back pain, severe disc collapse at L4-5 and L5-S1, along with anxiety/depression. Treatments to date included medication, surgery (rhizotomy x 2) and diagnostics. Currently, the injured worker complains of chronic low back pain with pinching pain in chest that radiated down the left arm, leg edema, and bloating along with shortness of breath. The treating physician's report (PR-2) from 1/2/15 indicated anxiety, neurologically intact, with slight epigastric and left lower quadrant tenderness to palpation (history of irritable bowel syndrome). Medications included Hydrocodone/APAP, Carisoprodol, Xanax, Klor-Con, Wellbutrin, Protonix, Zantac, Trazodone, Neurontin, Soma, Norco, Lidoderm patch. Treatment plan included Xanax renewal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, Benzodiazepines.

Decision rationale: MTUS and ODG states that benzodiazepine (ie Lorazepam) is 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. ODG further states regarding Lorazepam not recommended. The treating physician does not state how long the patient has been taking Xanax, how compliant the patient has been or what functional improvements have been made while on the medication. The physician does not state if the patient is receiving psychiatric care. The prior reviewer recommended weaning from the medication. As such, the request for Xanax 1mg, #90 is not medically necessary.