

Case Number:	CM15-0076299		
Date Assigned:	04/27/2015	Date of Injury:	11/27/1996
Decision Date:	05/22/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/21/2015

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: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on November 27, 1996. She has reported back pain, hip pain, leg pain, knee pain, ankle pain, foot pain, and wrist pain. Diagnoses have included thoracic/lumbar radiculopathy, myofascial pain syndrome, depression due to chronic pain, and insomnia. Treatment to date has included medications, cold therapy, aqua therapy, transcutaneous electrical nerve stimulator unit, use of a cane, use of a wheelchair, biofeedback, lumbar epidural steroid injection, and imaging studies. A progress note dated March 17, 2015 indicates a chief complaint of lower back pain radiating to the buttocks, left hand, left foot and ankle, left leg, left knee and left hip, depression, and sleep disturbances. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #90 with 1 refill: Upheld

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

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

Decision rationale: MTUS Guidelines are very specific in recommending that use of Benzodiazepines be limited to a few weeks. The high addictive potential, quick development of tolerance and general availability of alternatives are reasons that they are not recommended. There are no unusual circumstances to justify an exception to Guidelines. The Xanax .5mg. #90 with 1 refill is not supported by Guidelines and is not medically necessary.