

Case Number:	CM15-0093148		
Date Assigned:	05/19/2015	Date of Injury:	03/27/2011
Decision Date:	06/29/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/14/2015

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(n) 56-year-old female, who sustained an industrial injury on 3/27/11. She reported pain in her neck, back, bilateral upper extremities and bilateral knees related to cumulative trauma. The injured worker was diagnosed as having cervical disc disease, cervical radiculopathy, lumbar disc disease, bilateral shoulder impingement, bilateral lateral epicondylitis, bilateral carpal tunnel disease and bilateral knee derangement. Treatment to date has included a lumbar epidural injection with 4 weeks of pain relief, a cervical MRI and an EMG/NCS study. Current medications include Xanax, Flexeril, Gabapentin, Zoloft, Bentyl and Prilosec. As of the PR2 dated 4/7/15, the injured worker reports 7/10 pain in her neck, 7-8/10 pain in her lower back and 7/10 pain in her bilateral knees. Objective findings include tenderness in the cervical and lumbar muscles, decreased range of motion and a positive straight leg raise test. The treating physician requested Xanax 1mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 24, 46, 64, 68, 78, 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 24.

Decision rationale: Xanax (Alprazolam) is a benzodiazepine medication used to treat anxiety and panic disorders. The MTUS states that 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. The patient has been taking Xanax for at least as far back as six months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Xanax 1mg #30 is not medically necessary.