MAXIMUS Federal Services

Case Number:	CM15-0093996		
Date Assigned:	07/15/2015	Date of Injury:	03/22/2000
Decision Date:	09/15/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/15/2015

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: New York
Certification(s)/Specialty: Pediatrics, Internal 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 70 year old male who sustained an industrial injury on 03/22/2000. Current diagnoses include postlaminectomy lumbar kyphosis, lumbar foraminal stenosis, cervical spondylitic stenosis, cervicothoracic myofascial pain, lumbar myofascial pain syndrome, and trigger point activity and muscle spasms of the cervical trapezium and levator scapula region. Previous treatments included medications and trigger point injections. Previous diagnostic studies include urine drug screenings. Report dated 03/31/2015 noted that the injured worker presented with complaints that included persistent neck pain with radiation to the shoulders and headaches, and low back pain with extension to the lower extremities. Pain level was 7+ (without medications) and 4 (with medications) out of 10 on a visual analog scale (VAS). It was noted that the medications allow the injured worker to perform many activities of daily living and with decreased pain he is able to increase function by grocery shopping, light gardening, light household chores, and cooking. Medication also allows the injured worker to perform self-hygiene. Cervical spine examination was positive tenderness in the cervical paraspinal musculature with active myofascial trigger points, muscles spasms in the right trapezium, palpation causes jump response at the trigger point, decreased cervical range of motion, cervical compression causes pain, tenderness in the suboccipital region and does reproduce headache complaints. Low back examination revealed chronic myofascial trigger points with jump response and decreased range of motion. The treatment plan included continuing Norco and Lexapro, trial of Flexeril for acute muscle spasms, continue Xanax for acute anxiety and Protonix for gastrointestinal upset, performed a urine drug screening, and

follow up in one month. The injured worker has been prescribed Xanax since at least 11/04/2014 for anxiety and panic attacks. The injured worker has been seen on a monthly basis since at least 11/04/2014. Current work status was not included. Disputed treatments include Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg, #30: 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 rationale: According to the California MTUS chronic pain medical treatment guidelines use of benzodiazepines have specific guidelines. "They are not recommended for long term use as the efficacy is not proven and there is a risk of dependence. Most guidelines limit use to 4 weeks." Alprazolam (Xanax) is a benzodiazepine and is prescribed to treat anxiety and panic disorders. The medical records submitted for review did not include a past history of anxiety or panic attacks. Furthermore, the injured worker has been prescribed Xanax since at least 11/04/2014, which supports long-term use of this medication, which is not supported by the MTUS guidelines. Therefore, the request for Xanax 0.5mg, #30 is not medically necessary.