

Case Number:	CM14-0144321		
Date Assigned:	09/12/2014	Date of Injury:	10/06/1995
Decision Date:	10/06/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 118 pages provided for review. The application for independent medical review was signed on September 3, 2014. It was for a prescription of Xanax 0.5 mg number 90 with two refills. Per the records provided, the patient complains of pain in the neck which is aching and constant. The pain is six out of 10 with medicines. Examination was remarkable for tenderness in the cervical spine, deformity, decreased range of motion of the cervical spine, tender joint line of the left knee, positive McMurray's test, atrophy, tenderness in the lumbar spine and facet joint and decreased range of motion of the lumbar spine. Treatment has included medicines for pain management which have provided some pain relief. Diagnoses included cervicalgia, myofascial pain syndrome and fibromyalgia and long-term prescription usage. The patient has used the medicine since at least June 2012 without any documented evidence of improvement.

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 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Benzodiazepines.

Decision rationale: Regarding benzodiazepine medications, the Official Disability Guidelines (ODG) notes in the Pain section that this medication is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. As such, this request is not medically necessary.