

<b>Case Number:</b>	CM13-0040315		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry & Neurology has a subspecialty in Geropsychiatry, Addiction Medicine and is licensed to practice in California and Texas. 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 physician 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:

The patient reports a date of injury is 06/07/2013, involving being shot at with a bullet that grazed her left upper thigh. The passenger of another car got out, pulled out an assault rifle and started shooting at her bus. She did not experience a head injury, loss of consciousness, neck or lower back pain. She states that she is fearful to drive or get on the bus and go to work. She does not want to be around other people and cannot sleep at night. Psychiatric status reports from [REDACTED] office of 7/11/13-9/4/13 during which time the patient showed improvement in her condition manifested by being able to take short walks and be a passenger in a car. [REDACTED] continued to prescribe Prozac and Xanax for the patient. Treating psychologist's initial report with psychological test results 10/11/13: The patient continued to have symptoms of depression, anxiety, panic attacks, and frequent nightmares. She also attested to paranoid or paranoid-like thought processes. Beck Depression Inventory=29 (moderate-severe range of subjective depression), Beck Anxiety Inventory=40 (severe level of anxiety), Insomnia Severity Index=21 (moderate).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

**Decision rationale:** Per ODG and CA-MTUS guidelines, tolerance to the anxiolytic action of benzodiazepines (like Xanax) occurs rapidly, often over the first few months of use. The patient is already on an antidepressant which in most cases has the primary anxiolytic activity. If further antianxiety is needed for PTSD symptoms, alternative agents can be explored that either have this indication or have been used consistently with success in this setting (e.g. Prazosin). Request is therefore denied.

**ProSom 2mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Mental Illness & Stress, estazolam.

**Decision rationale:** Per CA-MTUS and ODG, benzodiazepines are not indicated for the ongoing treatment of insomnia. Adults who use hypnotics, including benzodiazepines such as temazepam, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics, according to the authors. In 2010, hypnotics may have been associated with 320,000 to 507,000 excess deaths in the U.S. alone. Given this data it has been established that long term use of benzodiazepine sedative-hypnotics is not an appropriate treatment of choice.