

Case Number:	CM13-0060359		
Date Assigned:	12/30/2013	Date of Injury:	02/13/2009
Decision Date:	04/04/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/29/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in 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 is a 59-year-old male who reported an injury on 02/13/2009. The patient was reportedly injured when he was struck in the back of the head by a pipe. The patient is diagnosed with headache, cervicalgia, cervical disc displacement, and depressive type psychosis. The patient was seen by [REDACTED] on 11/13/2013. Physical examination revealed no changes in gait or posture. Treatment recommendations included continuation of current medications and a psychiatry evaluation for medications

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Xanax 2mg, #120: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state benzodiazepines are not recommended for long term use, because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. As per the documentation submitted, the patient has continuously utilized this medication. The patient

maintains a diagnosis of depression and anxiety. However, California MTUS Guidelines state a more appropriate treatment for anxiety disorder is an antidepressant. The retrospective request for Xanax 2mg, #120 is not medically necessary and appropriate.