

Case Number:	CM13-0066893		
Date Assigned:	01/17/2014	Date of Injury:	03/11/2013
Decision Date:	05/20/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/17/2013

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 Internal Medicine and Pulmonary Diseases, 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:

The injured worker is a 52-year-old female who was assaulted on 03/11/2013, resulting in a psychiatric injury. The injured worker was evaluated on 01/08/2014, and noted the injured worker to feel some improvement with depression and anxiety since increasing the injured worker's medication of Lexapro to 20 mg at bedtime; Xanax 1 mg 3 times a day; and Vistaril to 100 or 150 mg at bedtime. The documentation indicated the injured worker stated she continued to have sleep disturbance, and noted the Vistaril to no longer be effective for sleep. The mental examination noted the injured worker's statement of doing better with depression, but felt unable to return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 1MG #90 WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (7/18/2009), Benzodiazepines. Page(s): 24, 66.

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

Decision rationale: The request for Xanax 1 mg #90 with 1 refill is not medically necessary. The documentation submitted for review indicated the injured worker felt improvement in her

condition, to include improvement with depression and anxiety. The California MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because efficacy is unproven. The documentation submitted for review indicated the injured worker had been taking the medication longer than recommended by guidelines. The guidelines recommend limiting the use of benzodiazepines to 4 weeks. The documentation submitted for review indicated the injured worker had been taking the medication longer than the recommended 4 weeks. Therefore, the continued use of the medication is not supported. Furthermore, the documentation submitted for review indicated the injured worker felt improvement in her condition, and it is unclear if the medication is warranted. Given the information submitted for review, the request for Xanax 1 mg #90 with 1 refill is not medically necessary.