

Case Number:	CM14-0108300		
Date Assigned:	08/01/2014	Date of Injury:	10/05/1994
Decision Date:	10/07/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation 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 records, presented for review, indicate that this 48-year-old gentleman was reportedly injured on October 5, 1994. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 4, 2014, indicated that there was little change in the injured employee's pain level. Current medications include Nitrostat for chest pain, Prozac, and Xanax. The physical examination demonstrated the injured employee's mood to be stable and have a bright affect. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included the use of a spinal cord stimulator. A request had been made for Xanax 0.25 mg and was not certified in the pre-authorization process on July 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25mg, #30 with refills 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.odg-twc.com/formulary.htm and Drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127.

Decision rationale: Xanax is used for the treatment of anxiety disorders and panic disorders. This medication has a relatively high abuse potential. It is not recommended for long-term use, because long-term efficacy is unproven. A review of the attached medical records indicates that the injured employee had previously been prescribed Xanax 1 mg and is now prescribed 0.25 mg tablets as needed at bedtime. The latest prescription includes three refills. Considering this long-term usage, this request for Xanax is not medically necessary.