

Case Number:	CM14-0012543		
Date Assigned:	02/21/2014	Date of Injury:	02/17/2009
Decision Date:	06/26/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/30/2014

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 Psychiatry, 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 patient is a 46 year old male with a date of injury 2/17/2008-1/22/2014. A PR from 4/2/2013 indicates that the injured worker has low back pain that radiates to bilateral lower extremities, causing limitations in activities of daily living because of the pain. A PR from 07/18/2013 indicates that the injured worker is taking cymbalta prescribed by a Psychiatrist. A PR from 10/11/2013 suggests that he has anxious mood, he ran out of medications 3 days prior to this visit. The patient continues to complain of increased pain and has feelings of hopelessness. Diagnoses listed are Major Depressive Disorder and Chronic Pain Syndrome. A PR dated 1/8/2014 suggests that the injured worker was seen for a 1:1 session. Mental status exam is essentially normal. The plan includes a prescription of xanax .5 mg TID #90 with 4 refills. No clinical indication for Xanax has been described in that PR.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 0.5MG 1 PO TID #90 X 4 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PAGE 24

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

Decision rationale: The MTUS Chronic Pain Guidelines states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions." The documentation does not describe the rationale for a prescription of Xanax. The MTUS Chronic Pain Guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Xanax 0.5 mg tid #90 with 4 refills is excessive and the medical necessity cannot be affirmed. The request is not medically necessary and appropriate.