

Case Number:	CM14-0134911		
Date Assigned:	08/27/2014	Date of Injury:	03/16/2011
Decision Date:	10/22/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/21/2014

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 Family Medicine, 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:

27 yr. old female claimant sustained a work injury on 3/16/11 involving the knee. She had undergone a knee arthroscopy and also developed stress. She had used a knee brace and received platelet rich plasma injections. His pain had been controlled with Soma and Norco. The claimant had been given Xanax 1mg at night to sleep and reduce stress since at least February 2014. This was continued until a recently request in July 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg QTY: #30: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Benzodiazepines like Xanax, 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. It is not recommended for sleep disorder or insomnia. In this case, the claimant had been on Xanax for months and sleeping

disorder etiology was not identified. Response to anxiety was unknown. The continued use of Xanax is not medically necessary.