

Case Number:	CM14-0156979		
Date Assigned:	10/09/2014	Date of Injury:	10/03/2012
Decision Date:	11/10/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/25/2014

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, has a subspecialty in Pain Medicine 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 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 32-year-old female with a reported date of injury on 10/03/2012. The mechanism of injury was noted to be from a lifting injury. Her diagnoses were noted to include adjustment disorder with depressed, anxious mood, depressive disorder, and status post injury to the right shoulder and right wrist. Her previous treatments were noted to include psychiatric treatment and medications. The progress note dated 08/29/2014 revealed complaints of feeling a bit worse with increased depression. The injured worker reported feeling sad and lonely and complained of a decline in sleep which was helped by medication and pain. The injured worker complained of episodes of panic attacks described as episodes of palpitation, shortness of breath, sweating, and crying spells. A mental status examination described the mood as sad/anxious. There was no significant impairment in memory and the thought process was noted to be organized, logical, and goal directed. The thought content was noted to be unremarkable with a denial of suicidal ideation, homicidal ideation, auditory hallucinations, visual hallucinations, or tactile hallucinations. The provider indicated the injured worker requested medication to help her with depression and anxiety. The provider prescribed medication for depression and was prescribed Xanax. The provider instructed the injured worker to take Xanax only on an as needed basis and when it was absolutely necessary to address the panic attacks. The request for authorization form dated 09/11/2014 was for Xanax 0.25 mg as needed #30 for panic attacks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25mg 1 tab QD PRN #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Muscle Relaxants Page(s): 24, 66, 124.

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

Decision rationale: The request for Xanax 0.25 mg 1 tablet every day #30 is medically necessary. The injured worker complained of anxiety and depression. The California Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. The injured worker has complaints of anxiety and depression. The provider prescribed anti-anxiety and an anti-depressant. The documentation provided indicated the injured worker has previously attempted a benzodiazepine and therefore is appropriate at this time. Therefore, the request for Xanax 0.25mg 1 tab QD PRN #30 is medically necessary.