

Case Number:	CM14-0157481		
Date Assigned:	09/30/2014	Date of Injury:	10/27/2010
Decision Date:	11/04/2014	UR Denial Date:	09/02/2014
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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, myofascial pain syndrome, anxiety, and depression reportedly associated with an industrial injury of October 27, 2010. In a Utilization Review Report dated September 2, 2014, the claims administrator failed to approve the request for Xanax. The applicant's attorney subsequently appealed. In a progress note dated February 4, 2014, the applicant was given prescriptions for Suboxone, Lidoderm, Prilosec, and Xanax. The applicant did have issues with poor sleep and fear-avoidant behavior. On April 29, 2014, Suboxone, Lidoderm, Prilosec, and Xanax were again renewed. It appears that Xanax is being employed for sedative effect and/or anxiolytic effect. On June 10, 2014, Suboxone, Lidoderm, Prilosec, and Xanax were once again renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the applicant has seemingly been using Xanax for what appears to be a span of several months to several years. This is not an ACOEM-endorsed role for the same. Therefore, the request is not medically necessary.