

Case Number:	CM14-0168250		
Date Assigned:	10/15/2014	Date of Injury:	09/04/1996
Decision Date:	11/19/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/13/2014

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 represented [REDACTED] employee who has filed a claim for major depressive disorder, anxiety disorder, and low back pain reportedly associated with an industrial injury of September 4, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; earlier lumbar laminectomy surgery; a lumbar support; adjuvant medications; opioid agents; topical agents; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 18, 2014, the claims administrator partially approved a request for Xanax, apparently for weaning purposes. The applicant's attorney subsequently appealed. In an October 20, 2014 progress note, the applicant reported ongoing complaints of low back pain status post earlier lumbar laminectomy. The applicant was on methadone, Neurontin, Percocet, Voltaren, and Flector as of that point in time. A lumbar support was endorsed. In a September 14, 2012 progress note, the applicant was given diagnoses of major depressive disorder, generalized anxiety disorder, and chronic pain syndrome. Wellbutrin, Lexapro, Xanax, Seroquel, BuSpar, Deplin, Lunesta were endorsed at that point in time. The applicant was described as using Wellbutrin, Lexapro, Xanax, Seroquel, BuSpar, and Restoril as of June 24, 2011, it was further noted. A subsequent prescription of Xanax was also apparently endorsed, per the claims administrator, including in January 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX .5MG 100 CNT 1 PBTL: 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,Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section. Page(s): 7.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that usage of anxiolytics such as Xanax may be appropriate for "brief periods" in cases of overwhelming symptoms, in this case, however, there was no mention of any overwhelming mental health issues present, which would compel provision of Xanax. Rather, it appeared that the attending provider and/or the applicant were intent on employing Xanax for chronic, long-term, and scheduled-use purposes, for anxiolytic effect. This is not an ACOEM-endorsed role for the same. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of "other medications" into his choice of recommendations. In this case, the attending provider has failed to furnish any rationale for selection of two separate anxiolytic agents, BuSpar and Xanax. Therefore, the request is not medically necessary.